

**AGENCY OF HUMAN SERVICES** 

## DEPARTMENT OF DISABILITIES, AGING AND INDEPENDENT LIVING

Division of Licensing and Protection HC 2 South, 280 State Drive Waterbury, VT 05671-2060 <u>http://www.dail.vermont.gov</u> Survey and Certification Voice/TTY (802) 241-0480 Survey and Certification Fax (802) 241-0343 Survey and Certification Reporting Line: (888) 700-5330 To Report Adult Abuse: (800) 564-1612

February 21, 2023

Ms. Amy Walker, Administrator Burlington Health & Rehab 300 Pearl Street Burlington, VT 05401-8531

Dear Ms. Walker:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **January 19**, **2023.** Please post this document in a prominent place in your facility.

We may follow-up to verify that substantial compliance has been achieved and maintained. If we find that your facility has failed to achieve or maintain substantial compliance, remedies may be imposed.

Sincerely,

Jamela Mcota RN

Pamela M. Cota, RN Licensing Chief

		ID HUMAN SERVICES			FORM APPROVED	
CENTER	S FOR MEDICARE &	MEDICAID SERVICES	1		OMB NO. 0938-0391	
	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X3) DATE SURVEY COMPLETED	
		475014	B. WING		C 01/19/2023	
NAME OF PR	ROVIDER OR SUPPLIER		S	TREET ADDRESS, CITY, STATE, ZIP CODE		
BURLING	TON HEALTH & REHAB		1	00 PEARL STREET URLINGTON, VT 05401		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD E CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)	BE COMPLETION	
F 000	INITIAL COMMENTS		F 000			
F 684 SS=K	the Division of Licens 1/4/2023 through 1/10 survey team identified deficiencies at the im for F684, F686, and F around skin care and determination also re of care. The facility is had a census of 87 at to exit on 1/10/23, the sufficient corrective a immediate jeopardy, I requirements remains conducted from 1/17/ to the substandard qu 1/10/2023. The follow were identified: Quality of Care CFR(s): 483.25 § 483.25 Quality of ca Quality of care is a fu applies to all treatment facility residents. Bass assessment of a resid that residents received accordance with profi- practice, the compret care plan, and the rest This REQUIREMENT by: Based on record rev	d #21429 was completed by ing and Protection on 0/2023. On 1/10/2023, the d and notified the facility of mediate jeopardy (IJ) level 726 related to violations staff training. This IJ sults in substandard quality licensed for 126 beds and t the time of the survey. Prior e facility had completed ctions to remove the but the non-compliance with s. An extended survey was 2023 through 1/19/2023 due uality of care identified on wing regulatory violations are indamental principle that int and care provided to sed on the comprehensive dent, the facility must ensure a treatment and care in essional standards of nensive person-centered sidents' choices. T is not met as evidenced iew and interview, the facility to an existing non-pressure	F 684			
6		3] and preventative skin care				
LABORATORY	GRECTOR'S OR PROVIDER	SUPPLIER REPRESENTATIVE'S SIGNATUR	1	2/11/2023	(X6) DATE	
Any deficiency	statement ending with an a	sterisk (*) denotes a deficiency which the	institution may be	excused from correcting providing it is determined	that	

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

# DEPARTMENT OF HEALTH AND HUMAN SERVICES

PRINTED: 02/02/2023 FORM APPROVED

	DF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				DATE SURVEY
						С
		475014	B. WING	_		01/19/2023
NAME OF PI	ROVIDER OR SUPPLIER				REET ADDRESS, CITY, STATE, ZIP CODE	
BURLING	TON HEALTH & REHAB				10 PEARL STREET URLINGTON, VT 05401	
	CLIMMADY CT	SUMMARY STATEMENT OF DEFICIENCIES				
(X4) ID PREFIX TAG	(EACH DEFICIENC	AI EMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI) TAG	¢	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETIC DATE
					This plan of correction (POC) was	03/03/23
F 684	Continued From page		F	684	written to follow state and federal	
	to residents at risk fo	r development of injuries for 5 of 6 sampled			guidelines. It is not an admission of	
	residents [Residents	#1, #2, #3, #6, and #8]			noncompliance. However, it is the	
	-	y policy and professional			facility commitment to demonstrate	2
	standards of practice	•			and maintain compliance.	
	Findings include:					
	Popord roviow and in	terview reveal the facility		1	F 684 Specific Corrective Action	
		c failures in its prevention			Resident # 2 was discharged on	
	and management of	non-pressure injuries in			1.30.2023	
		ity policy and professional These included failure to:			Resident # 8 orders for wound care	to
		e comprehensive skin			BLE were reviewed and are affirmed	
		ion for Residents #1 and #2;			in place per order. The resident's ca	
	Complete skin risk ev schedule for Resider			plan has been updated.		
	Document newly ider	ly identified non-pressure ulcer			Resident's # 1,3, 6 and 8 were	
		a change of condition for			evaluated, preventative skin care is	in
	Resident #2; Accurately and regula	arly perform and document			place as per each resident's update	
	skin inspections (skir	checks) per facility			care plan.	
		its #1, #3, #6, and #8; and #8; and #8;				
	• •	ons per facility schedule for			Licensed nursing staff was	
	Residents #2 and #8				educated on change in condition	,
		ent daily monitoring of rounds or dressings for			skin integrity and wound	
	Resident #8;				management, wound care	
	Revise care plans to Resident #2;	reflect actual skin status for			dressing guidelines, and	
		monitor diabetic residents'			documentation of skin care	
	feet for Residents #1	, #3, and #8; and			provided. LNA staff was educated	1
	Monitor diabetic resid #2, and #3.			on pressure relieving devices,		
					nutrition/hydration, repositionin	g,
		outed to the amputation of			change in condition, shower	
		s 5th toe, and put Residents #1, #2, 8 at increased risk for new or			schedule, Diabetic and foot care,	
	67(02-99) Previous Versions Ob		Fac			

		D HUMAN SERVICES MEDICAID SERVICES				FORM	02/02/2023 APPROVED 0938-0391	
STATEMENT C	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED		
		475014	B. WING			C 01/1	9/2023	
NAME OF PR	ROVIDER OR SUPPLIER		-	ST	REET ADDRESS, CITY, STATE, ZIP CODE	1 0111	CILCLO	
				30	0 PEARL STREET			
BURLING	TON HEALTH & REHAB			BL	JRLINGTON, VT 05401			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	iD PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CC CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)			
F 684	Continued From page	2	F	684	. F684 cont			
	additional non-pressure ulcer related skin impairments, creating an immediate jeopardy				Method to Assess for Others			
	corrective action was	njury to recur if immediate not taken.			A facility wide skin sweep was			
					performed and completed by			
	Wound Management,	SG236 Skin Integrity and last reviewed 9/1/22,			01/10/23 by DON/designee to evaluate each resident's skin st			
		sive initial and ongoing						
	-	of intrinsic and extrinsic			determine if any follow-up care			
		s skin health, skin/wound bility of a wound to heal will			services were indicated. This is			
	•	an of care for the patient will		- 1	continued by weekly individual	ized		
		sment findings from the			resident head to toe skin			
		nt assessment and wound continually observe and		~	observations.			
		hanges and implement		- 1	A resident record audit was als	~		
	· · · ·	of care as needed." Practice						
	Standards include:			- 1	performed to evaluate complia			
	"3. Complete risk eva	luation on admission.			with preventative skin care, he	ad to		
	re-admission, weekly				toe skin assessment, shower			
	quarterly, and with sig	gnificant change in	1		schedule, treatment, notification	on of		
	condition."	ent will choose alis daily			change.			
		ant will observe skin daily es or concern to the nurse." vill:						
	6.1 Evaluate any changes or wounds	reported or suspected skin			Systematic Process			
		wly identified skin/wound			An ad hoc QAA was performed	to		
	impairments as a cha							
		document skin inspection on admitted patients weekly			complete a systematic review v			
		ny significant change of			revisions as determined/ indica			
	condition	,			New LNAs will be oriented and			
		und evaluation upon			annually educated on pressure			
		on, new in-house acquired,			relieving devices, nutrition/hyd	ration.		
		nticipated decline in wounds.			repositioning, change in condit			
	dressings for present	•						
			11	Fac	shower schedule, Diabetic and			
	7(02-99) Previous Versions Obs	Diste Event ID:23VJ		гас	care, and preventive skin care.			

		D HUMAN SERVICES				FORM	: 02/02/2023 APPROVED
CENTER	S FOR MEDICARE &	MEDICAID SERVICES				OMB NO	. 0938-0391
	F DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 · <i>i</i>		CONSTRUCTION	(X3) DATE : COMPI	LETED
		475014	B. WING			01/1	; 19/2023
				STF	REET ADDRESS, CITY, STATE, ZIP CODE	01/	9/2025
					PEARL STREET		
BURLING	<b>FON HEALTH &amp; REHAB</b>				RLINGTON, VT 05401		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD E CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		(X5) COMPLETION DATE
F 684	ulcer/wound site with "8. Review care plan a Facility policy titled W Touch, last reviewed verify the wound drest dressings and docum unanticipated wound assessment is due. The American Diabetes Care in Diabetes-202 recommendation for context examination of the feet problems. 1. Resident #2 Record review and interfeet foot ulcer was discover foot on 12/9/22. The f accurate and regular assessments, initiate electronic medical record plan interventions for monitoring, and revise his/her clinical conditi him/her at increased to and other non-pressu The deterioration of R resulted in an amputa 1/4/23. Record Review: Resident #2 was initiate 7/29/22 and readmitte	hent daily monitoring of or without dressing." and revise as indicated." ound Dressing: Aseptic No 12/1/2021, states staff are to sing order before changing ent wound evaluation with decline and/or weekly if es Association "Standards of 3" reveals on page S209 the liabetics to perform daily et to identify early foot to identify early foot ered on Resident #2's left acility failed to provide skin and wound a change of condition in the cord (EMR), implement care daily diabetic foot e his/her care plan to reflect on and needs placing risk for wound complications re ulcer skin impairments. Resident #2's diabetic ulcer tition of his/her 5th toe on	F 68	84	F684 cont. Licensed nurses will be oriented annually educated on change in condition, skin integrity and wo management, wound care dress guidelines, and documentation skin care provided. A risk evalu is now completed on admission re-admission, weekly for the firs month of stay, quarterly and wi possible significant change. Ea facility resident now has a form schedule head to toe skin check weekly, bi-weekly bathing, foot observations during care and do specific individualized ankle to foot care as noted on order sets documented on the treatment administrative records, LNA documentation and resident individualized care plan for individualized preventative care In the event of change of condi status and or non-pressure rela observations, the resident's practitioner will be alerted for guidance and orders, resident a responsible party will be notified	und sing of ation , t ch any ch alized s alized s and s and s and and or	
	hospital on 9/1/22 wit type 2 diabetes mellit	h diagnoses that include us, chronic respiratory			the care plan individually upda	ted.	
FORM CMS-256	7(02-99) Previous Versions Obs	olete Event ID:2JVJ1	1	Fac	The Unit Manager/designee wi	ll do	

DEPARTI	MENT OF HEALTH AN	D HUMAN SERVICES					): 02/02/2023 APPROVED
CENTER	S FOR MEDICARE &	MEDICAID SERVICES				OMB NC	0.0938-0391
	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				(X3) DATE SURVEY COMPLETED	
		475014	B. WING	_			C 19/2023
NAME OF PR	ROVIDER OR SUPPLIER		-	S	TREET ADDRESS, CITY, STATE, ZIP CODE		
				3	00 PEARL STREET		
BURLING	<b>FON HEALTH &amp; REHAB</b>		BURLINGTON, VT 05401				
(X4) ID PREFIX TAG	REFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL			ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH CORRECTIVE ACTION SHOULD BE 'CROSS-REFERENCED TO THE APPROPRIATE 'DEFICIENCY)			(X5) COMPLETION DATE
F 684	Continued From page	4	F 6	84	F684 cont		
1 001		chronic pain syndrome,			daily review of the electronic he	alth	
	chronic kidney diseas					aitii	
	-	re, legal blindness, and			record (EHR) to evaluate		
		#2's care plan dated 8/9/22			documentation of the completion	on of	
	reveals s/he needs st transferring and toilet				scheduled skin care, weekly hea	d to	
		bidities are risk factors for			toe skin checks, shower schedule	e and	
	developing skin injurie				wound care. The Unit		
					Manager/designee will make we	ekly	
	A 9/1/22 transition of		1		skin care resident skin care roun		
		ospital reveals on pages 5-8 multiple assessed wounds					
		ng: a right heel wound			The Unit Manager/designee will		
	described as red, with	a small open area and			make daily visual rounds to visua		
		essing; a left heel wound			care on all three shifts to evaluat	te	
		boggy with a foam dressing; wound, described as black,			staff completion and competence	y as	
	brown, and open to a				well as individual resident skin s	tatus.	
	Upon return to the fac assessment does not	sility, the 9/1/22 nursing skin			Quality Assurance		
		0/1/22 transition of care.			The Director of Nursing (DON) w	vill be	
					responsible for ensuring that thi		
		an includes the following			system is in place. The DON will		
	care plan focuses:	skin breakdown r/t [related					
		titis [skin condition affecting			complete a weekly audit of eight		
	-	etes] and alterations in			residents per month to evaluate	their	
		8/9/22. Interventions include:			skin status, confirmation that		
	"Observe skin for sigr				anything present has been		1.5
		ss, cracking, blistering,			appropriately identified by the		
		and skin that does not ed on 8/9/22, and "Weekly			system and that the system was		
	•	nurse," created on 8/9/22.			followed through detection,		
	"The resident has a d	iagnosis of diabetes: Insulin					
	•	on 8/3/22. Interventions			notification of change, care and		
		t checks daily. Observe			documentation.		
		heels noting alteration in				1	
	skin integrity, color, te	amperature, and			1 Ser 14 - 14 - 14 - 14 - 14 - 14 - 14 - 14		فعدد

Facility ID: 475014

If continuation sheet Page 5 of 51

		ID HUMAN SERVICES			FORM APPROVED
		MEDICAID SERVICES			OMB NO. 0938-0391
	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1		(X3) DATE SURVEY COMPLETED
		475014	B. WING		C 01/19/2023
NAME OF PI	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE	
BURLING	TON HEALTH & REHAB			000 PEARL STREET BURLINGTON, VT 05401	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)	
F 684	reveals in a physical of "L [left] planter 5th mt where the bones of th diabetic ulcer pale wh layer of skin] beefy pr provider notes "There mtp that no one was a neuropathy." The treat referral to the wound "non-pressure chronic foot with fat layer exp A skin check dated 12 wound described as a white area to bottom of mention of a non-pressing right foot as indicated hour earlier. Resident #2's care plat to include "Blanchable plan does not acknow wound. No intervention plan for wound care of A Wound Nurse note initial evaluation of Re wound measuring 1.1 A 12/30/22 nursing hor reveals that Resident #	on 8/3/22. (NP) note dated 12/9/22 exam that Resident #2 has a p [Metatarsophalangeal; the toe and foot meet] intellifting of dermis [middle otrusion dime size." The is this open area dorsal 5th aware of. Severe atment plan indicates a nurse. The NP also notes a c ulcer of other part of right osed." 2/9/22 reveals a new skin a ".5 x .5 hard, blanchable, of left foot." There is no ssure chronic ulcer of the in the NP's note from an an was updated on 12/10/22 e areas to heels." The care vledge Resident #2's left foot ons were added to the care or wound evaluations. dated 12/28/22 reveals an esident #2's diabetic foot x 1.1 x 4.3 cm. ome to hospital transfer form #2 was transferred to the due to pain in his/her left 2's medical record reveals	F 684	F684 cont	ocess ity ional
	that s/he does not ha				

Facility ID: 475014

If continuation sheet Page 6 of 51

	LTH AND HUMAN SER					ORM APPROVE B NO. 0938-039
TATEMENT OF DEFICIENCIES ND PLAN OF CORRECTION	(X1) PROVIDER/SUF IDENTIFICATION			PLE CONSTRUCTION		DATE SURVEY COMPLETED
	475	5014	B. WING			C 01/19/2023
NAME OF PROVIDER OR SUPP	LIER			STREET ADDRESS, CITY, STATE, Z	IP CODE	
BURLINGTON HEALTH &	REHAB			300 PEARL STREET BURLINGTON, VT 05401		
PREFIX (EACH D	IMARY STATEMENT OF DEFICIE EFICIENCY MUST BE PRECEDE FORY OR LSC IDENTIFYING INF	D BY FULL	ID PREFIX TAG	PROVIDER'S PLAN (EACH CORRECTIVE) CROSS-REFERENCED DEFICI	ACTION SHOULD BE	(X5) COMPLETION DATE
evaluation on A Braden Sca the risk of dev through 12/20 A change of c wound identifi Weekly woun 12/28/22; Documentatio 9/1/22 throug A care plan for The facility wa missing risk a documentatio documentatio documentatio Resident #2 v AM by the sur A 1/9/23 hosp Resident #2 v 12/30/22 for a osteomyelitis [Methicillin-re- bacterial infect left 5th partial toe] on 1/4/23 Interview: On 1/5/23 at 2 confirmed that checks for dia and should be diabetic resid	comprehensive readmissi 9/1/22; le risk assessment [scor veloping pressure sores] //22; ondition documentation f ied on 12/9/22; d evaluations from 12/10 on of daily diabetic foot ch h 12/30/22; or iscus that reflects actual w as unable to produce evid issessments, change of o n, wound evaluations, or n of diabetic foot checks when requested on 1/10/2 rveyor. bital progress note reveal vas admitted to the hosp a left planter foot ulcer wit [bone infection] and MRS sistant Staphylococcus a ction]. As a result, Reside ray resection [amputation]	re predicting from 8/8/22 for the //22 through hecks from younds. dence of condition for 23 at 10:20 s that ital on th SA nureus; ent #2 had a on of 5th ector foot dard of care er for all	F 68	34		
	t the facility policy titled \$	-		Facility ID: 475014		n sheet Page 7 of

If continuation sheet Page 7 of 51

		ID HUMAN SERVICES MEDICAID SERVICES			3	PRINTED: 02/02/20 FORM APPROVI OMB NO, 0938-03	ED
STATEMENT O	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		PLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		475014	B. WING			C 01/19/2023	
NAME OF PF	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, S	STATE, ZIP CODE	01110/2020	-
BURLING	<b>FON HEALTH &amp; REHAB</b>			300 PEARL STREET	-		
				BURLINGTON, VT 054			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRE	'S PLAN OF CORRECTION ECTIVE ACTION SHOULD BE ENCED TO THE APPROPRIA DEFICIENCY)		V
F 684	Continued From page	7	F 68	34			
	Integrity and Wound I followed by nursing st	Management should be aff for all residents.					
		۸, the Regional Clinical t it is up to nursing judgment					
	care plans as it is not	necks into nursing orders or something standard the					
	•	betics. S/He confirmed that licy or procedure in place to					
	ensure that a resident	ts transfer of care					
	information for wound electronic medical rec						
		, the Unit Manager stated c protocol that should be					
	implemented for every	y resident with diabetes and					
	••	add orders for daily diabetic ted that a lot of the nurses					
		der" [only doing what there					
	-	ight not do daily diabetic					
	foot checks if there is MAR. S/He stated that	not an order on a resident's there is not a facility					
		enter in orders and staff					
	need something to ref	er to about the process.					
	On 1/9/23 at 12:15 AM	I, a Licensed Practical					
		at s/he will do daily diabetic					
	administration record	y pop up on the medication (MAR) or treatment					
	administration record						
	On 1/9/23 at 1.22 PM	, the Director of Nursing					
	stated that when a ch	ange of condition form is					
		nds, weekly skin and wound oopulate in the EMR. S/He					
		ge of condition form is not					
	being done all the tim	e per facility policy and it					
	might be due to a train	ning issue.					

Facility ID: 475014

If continuation sheet Page 8 of 51

		D HUMAN SERVICES				FORM	APPROVED	
		MEDICAID SERVICES				1	0.0938-0391	
	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		475014	B. WING			C 01/19/2023		
NAME OF PI	ROVIDER OR SUPPLIER			STF	REET ADDRESS, CITY, STATE, ZIP CODE			
BURLING	TON HEALTH & REHAB				) PEARL STREET IRLINGTON, VT 05401			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	(EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION			PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE	(X5) COMPLETION DATE	
F 684	On 1/9/23 at 3:19 PM will do a diabetic foot order on the TAR to d On 10/10/23 at 10:20 confirmed that the ski the facility was the "B Pressure Sore Risk A On 1/10/23 at 11:55 A that if a provider plan wound nurse, the refe immediately. S/He co a referral to see Resid December. On 1/18/23 at 9:40 A and the Market Presid failures to implement and procedures were having the enough tra procedures and staff competencies to impl 2. Resident #8 Record review and in #8 has venous ulcers initial admission. The accurate and regular assessments and cre for daily diabetic foot #8 at increased risk fo other non-pressure u Record Review: Resident #8 was adm	A, an LPN stated that s/he check when there is an lo one. AM, the Director of Nursing in risk evaluation used by raden Scale for Predicting assessment." AM, the Wound Nurse stated s for a resident to see the erral should happen onfirmed that s/he did not get dent #2 until the end of M, the Director of Nursing dent confirmed that the the skin and wound policies of due to a mix of staff not aining on the policies and not having the ement them. terview reveal that Resident s on both legs since his/her facility failed to provide	F	684				

If continuation sheet Page 9 of 51

		ID HUMAN SERVICES MEDICAID SERVICES					FOR	D: 02/02/2023 MAPPROVED D: 0938-0391
STATEMENT	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING				(X3) DATE COMF	SURVEY PLETED
		475014	B. WING			_		C /19/2023
NAME OF P	ROVIDER OR SUPPLIER			Γ	STREET ADDRESS, CITY, ST	ATE, ZIP CODE		
BURLING	TON HEALTH & REHAB		300 PEARL STREET BURLINGTON, VT 05401			1		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREF TAG		(EACH CORREC CROSS-REFEREN	PLAN OF CORRECTION CTIVE ACTION SHOULD BI NCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
F 684	and coronary artery d Minimum Data Set (M assessment used as a 11/14/22 reveals that pressure ulcers and n transferring and toilet conditions and comor developing skin injurie Resident #8's care pla care plan focus: "[Resident #8] is at ris related to osteoarthriti disease], bilateral may has venous ulcers to and abrasion to left ca Interventions include: size and treatment of abnormalities, failure symptoms] of infection etc. to MD," created o "skin/wounds will be o professional," created does not include daily Resident #8's medica (MAR) reveals an ord lower extremities] with Apply moisturizing creat [right lower extremity] iodine cadexomer gel with foam [cover with available]. Wrap with adhesive wrap (Cobar 2 day(s) for venous ul	ertension, peripheral onic kidney disease, obesity, isease. Resident #8's IDS; a comprehensive a care-planning tool) dated s/he is at risk for developing eeds staff assistance for ing. These clinical bidities are risk factors for es. an includes the following sk for skin break down is, PVD [peripheral vascular stectomy. Resident currently right and left posterior legs alf," created on 11/27/20. "Monitor/document location, skin injury. Report to heal, s/sx [signs and n, maceration [moist skin] in 11/27/20, and checked weekly by licensed i on 10/18/22. The care plan	F	68	14			

Facility ID: 475014

If continuation sheet Page 10 of 51

### FORM APPROVED **CENTERS FOR MEDICARE & MEDICAID SERVICES** OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING С **B. WING** 475014 01/19/2023 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 300 PEARL STREET **BURLINGTON HEALTH & REHAB** BURLINGTON, VT 05401 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION ID (X5) COMPLETION (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREEIX PREFIX DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) F 684 Continued From page 10 F 684 Skin checks from 10/1/22 and 10/11/22 indicate that Resident #8 does not have any skin injuries or wounds. This information contradicts the dressing changes for wounds documented as performed in the MAR. Review of Resident #8's medical record reveals that s/he does not have: A Braden Scale risk assessment from 2/12/21 through 1/11/23; Weekly skin checks from 8/28/22 through 9/30/22: Accurate skin checks from 10/1/22 through 10/17/22: Weekly skin checks from 12/13/22 through 1/5/23: Documentation of daily monitoring for wound/dressing on days that Resident #8's dressing was not changed; Weekly wound evaluations from 9/9/22 through 9/28/22; A weekly wound evaluation from 10/7/22 through 10/19/22: or A care plan intervention for daily diabetic foot checks from 11/27/20 through 1/5/23. Interview: On 1/9/23 at 4:03 PM, the Regional Clinical Consultant stated that there is an expectation for staff to document any irregularities of the skin, not just wounds, whether they are new or not. S/he confirmed that skin checks are a full body assessment of a resident's skin. On 1/18/23 at 9:15 AM, the Unit Manager stated that traveling nursing staff do not get enough education when they are hired and that some staff do not document wounds on skin checks if

FORM CMS-2567(02-99) Previous Versions Obsolete

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Facility ID: 475014

If continuation sheet Page 11 of 51

		ND HUMAN SERVICES MEDICAID SERVICES			FO	ED: 02/02/20 RM APPROVE NO: 0938-03			
	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1. /	ECONSTRUCTION		TE SURVEY MPLETED			
		475014	B. WING		0	C 1/19/2023			
NAME OF PR	ROVIDER OR SUPPLIER		STREET ADDRESS, CITY, STATE, ZIP CODE						
	ON HEALTH & REHAB		3	00 PEARL STREET					
DORLING	ON HEACH & REHAD			BURLINGTON, VT 05401					
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CC (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	I SHOULD BE	(X5) COMPLETIO DATE			
F 684	Continued From pag	o 11	E 604						
F 004			F 684						
		v. S/He confirmed that							
		ous ulcers on both legs and if skin checks stated							
	•	not have any wounds on							
		the skin checks would not be							
	accurate.								
	On 1/18/23 at 11:00	AM, the Director of Nursing							
	confirmed that there	is no evidence that skin							
	checks or wound eva	aluations were completed for							
	the above dates per #8's care plan.	facility policy and Resident							
	3. Resident #1								
	Record review and in	nterview reveal that the							
		de timely and regular skin							
		ents, initiate a change of							
	condition in the elect	ronic medical record, and							
		nt care plan interventions for							
	-	onitoring, placing Resident #1							
	at increased risk for i impairments.	non-pressure ulcer skin							
	Record Review:								
-		dmitted to the facility on							
	-	ospital stay with diagnoses							
		diabetes mellitus, altered ity, frequent incontinence,							
		chronic obstructive pulmonary							
		piratory failure, severe							
	chronic kidney disea	se, congestive heart failure,							
		utation of the right toe,							
		s, hypertension, rheumatoid							
		kness, chronic pain, and							
		ct infections, seizures, and s MDS dated 9/14/22 reveals							
		o-person assist for bed							

Facility ID: 475014

If continuation sheet Page 12 of 51

### FORM APPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING C 475014 B. WING 01/19/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 300 PEARL STREET **BURLINGTON HEALTH & REHAB** BURLINGTON, VT 05401 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE COMPLETION PREFIX PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG TAG DEFICIENCY) F 684 Continued From page 12 F 684 mobility, toileting, and transfers. These clinical conditions and comorbidities are risk factors for developing skin injuries. Resident #1's care plan includes the following care plan focus: "Resident is at risk of skin breakdown r/t [related to] DM [diabetes], incontinence (B&B) [bowel and bladder]. Has redness to grain and abdominal folds. Has absence of right toes" created on 2/16/22. Interventions include "assess for changed in skin condition each shift," created on 2/16/22, and "complete skin risk assessment as per facility policy," created on 2/16/22. The care plan does not include daily diabetic foot checks. Review of Resident #1's medical record reveals that s/he does not have: A Braden Scale risk assessment from 3/13/22 through 1/3/23; A comprehensive skin assessment on 9/14/22 readmission: Weekly skin checks from 9/14/22 through 9/26/22: Weekly skin checks from 11/25/22 through 12/13/22: A care plan intervention for daily diabetic foot checks from 9/14/22 through 10/14/22; or Documentation of daily diabetic foot checks from 9/14/22 through 12/13/22. The facility was unable to produce evidence of missing risk assessments, change of condition documentation, wound evaluations, or documentation of diabetic foot checks for Resident #1 when requested on 1/10/23 at 10:20 AM by the surveyor. Interview:

FORM CMS-2567(02-99) Previous Versions Obsolete

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Facility ID: 475014

If continuation sheet Page 13 of 51

DEPART	MENT OF HEALTH AN	ID HUMAN SERVICES					RM APPROVED
CENTER	S FOR MEDICARE &	MEDICAID SERVICES					IO. 0938-0391
	DF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDIN		ISTRUCTION	1 · · ·	TE SURVEY MPLETED
		475014	B. WING			0	C 1/19/2023
NAME OF P	ROVIDER OR SUPPLIER			STREE	T ADDRESS, CITY, STATE, ZIP CODE		
BURLING	TON HEALTH & REHAB				EARL STREET INGTON, VT 05401		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG		PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETION DATE
F 684	On 1/4/23 at 2:55 PM that there is a glitch w readmissions. When a facility for three or mo and the nurse must st orders in. There is no previous orders were standard nursing order should be in the elect system. On 1/5/23 at 2:48 PM confirmed that head to	, the Unit Manager stated vith putting in orders for a resident is out of the are days, orders are deleted, eart from scratch to put way of knowing what the for a readmission but ers, like skin assessments, ronic medical record the Medical Director the Medical Director the skin checks are to be on return from the hospital.	Fé	84			
	checks and diabetic for the TAR if they are du diabetic residents on 1 need their feet checker was unaware that the On 1/10/23 at 4:10 PM staff did not look at his 4. Resident #3 Record review and int facility failed to provid and create and implet for daily diabetic foot	his assignment that day ed every day, s/he stated he y did. ⁄I, Resident #1 stated that					

Event ID: 2JVJ11

Facility ID: 475014

If continuation sheet Page 14 of 51

	S FOR MEDICARE &	MEDICAID SERVICES		E CONSTRUCTION		RM APPROVE 10, 0938-039
	CORRECTION	IDENTIFICATION NUMBER:				TE SURVEY MPLETED C
		475014	B. WING		0	1/19/2023
NAME OF PR	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CO	DE	
BURLING <sup>.</sup>	TON HEALTH & REHAB			300 PEARL STREET BURLINGTON, VT 05401		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIC CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE	(X5) COMPLETIOI DATE
F 684	Continued From page	e 14	F 68	4		
	Record Review:					
	12/20/22 with diagnod diabetes mellitus, hyp muscle weakness, de history of stroke. Res 12/26/22 reveals that pressure ulcers and to requiring a two perso transferring, and toile conditions and comore developing skin injurit Resident #3's care pl care plan focus: "Patient is at risk for s Advanced age (great activity, impaired Cog mobility, nutritional co skin integrity impairent to abdomen and bilat 12/21/22. Intervention check by license nurs care plan does not in checks. Review of Resident # that s/he does not hat	rbidities are risk factors for es. an includes the following skin breakdown related to er than 75 years), decreased gnition, incontinence, limited oncerns and or has actual ents-admitted with bruises eral arms," created on ns include: "Weekly skin se" created on 12/21/22. The clude daily diabetic foot				
	1/5/23; A care plan interventi checks from 12/20/22	ily diabetic foot checks from				

Facility ID: 475014

If continuation sheet Page 15 of 51

		ND HUMAN SERVICES MEDICAID SERVICES			FORM APPRON OMB NO. 0938-03
	DF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X3)DATE SURVEY COMPLETED
		475014	B. WING		C 01/19/2023
NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CO	
BURLING	TON HEALTH & REHAB			300 PEARL STREET	
				BURLINGTON, VT 05401	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO TH DEFICIENCY	DN SHOULD BE COMPLETIN IE APPROPRIATE DATE
F 684	Continued From page	e 15	F 68	4	
1 004		nents, skin checks, or	1.00	•	
	documentation of dia				
	Resident # 3 when re AM by the surveyor.	equested on 1/10/23 at 10:20			
	5. Resident #6				
	facility failed to provid	terview reveal that the de timely and regular skin ents placing Resident #6 at n-pressure ulcer skin			
	Record Review:				
	6/22/05 with diagnos	nitted to the facility on es that include multiple akness, and dementia.			
		lated 11/30/22 reveals that			
		eloping pressure ulcers and			
	person assist for bed toileting. These clinic				
	injuries.	< factors for developing skin			
	care plan focuses:	an includes the following			
	impaired mobility, ad awareness, frail/fragi	vanced age, poor safety ile skin, incontinence," nterventions include:			
	"Weekly skin check b 8/18/22 and "Observe	by license nurse," created on e skin for signs/symptoms of edness, cracking, blistering,			
	decrease sensation, blanche easily," crea	and skin that does not ted 8/18/22.			
		tential for pressure ulcer ted to] decreased mobility,"			

Facility ID: 475014

If continuation sheet Page 16 of 51

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPL	E CONSTRUCTION		E SURVEY
ND PLAN OF	CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING		CON	IPLETED
		475014	B. WING		01	C //19/2023
NAME OF PI	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP COD		
BURLING	TON HEALTH & REHAB			300 PEARL STREET BURLINGTON, VT 05401		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE
F 684	Continued From pag	e 16	F 684			
	created on 2/15/21. I facility protocols for t	nterventions include: "Follow he prevention/treatment of ated on 2/15/21 and,				
	"Document/report to changes in skin statu healing, s/sx [signs a	MD PRN [as needed] is: appearance, color, wound ind symptoms] of infection, e," created on 2/15/21.				
	"Check skin condition extremities daily even	ated 7/27/22 states to n to bilateral lower ry shift for fragile skin note any new skin concerns".				
	that s/he does not ha A Braden Scale risk a through 1/11/23; or	#6's medical record reveals ave: assessment from 2/26/22 from 11/24/22 through				
	Interview:					
	confirmed there is no were done as care p December 2022.	AM, the Director of Nursing evidence that skin checks lanned and ordered in				
	Treatment/Svcs to P CFR(s): 483.25(b)(1)	revent/Heal Pressure Ulcer )(i)(ii)	F 686	5		
	resident, the facility r (i) A resident receive professional standar	ure ulcers. ehensive assessment of a must ensure that- s care, consistent with ds of practice, to prevent does not develop pressure				

Facility ID: 475014

If continuation sheet Page 17 of 51

		MEDICAID SERVICES				D. 0938-03
	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1			E SURVEY PLETED
						С
		475014	B. WING		01	/19/2023
NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE		
BURLING	TON HEALTH & REHAB			300 PEARL STREET BURLINGTON, VT 05401		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETION DATE
F 686	Continued From page		F 686	Resident # 1 was evaluated a	nd is	03/03/23
		essure ulcers receives		free from pressure injuries.		
	with professional star	and services, consistent ndards of practice, to		Resident # 6 was evaluated.		
	promote healing, prev	vent infection and prevent		injury orders are in place and	being	
	new ulcers from deve	eloping. is not met as evidenced		followed. Resident # 2 was		
	by:	is not met as evidenced		discharged on 1.30.2023.		
	Based on record rev	iew and interview, the facility		Resident's # 1,3, 6 and 8 were	2	
		ment to an existing pressure led residents [Residents #1		evaluated, preventative skin o		
		tive skin care to residents at		place as per each resident's u		
	risk for development	of pressure injuries for 5 of 6 esidents #1, #2, #3, #6, and		care plan.		
		cility policy and professional				
	standards of practice			Licensed nursing staff was ed	ucated	
	Findings include:			on change in condition, skin i		
	T mange molado.			and wound management, wo		
		terview reveal the facility		care dressing guidelines, and		
	and multiple systemic	c failures in its prevention		documentation of skin care p	rovided.	
		ity policy and professional		LNA staff was educated on pr		
		These included failure to:		relieving devices, nutrition/hy		
	· ·	e comprehensive skin ion for Residents #1 and #2;		repositioning, change in cond		
	Complete skin risk ev	aluations per facility		shower schedule, Diabetic an	•	
		Its #1, #2, #3, #6, and #8;		care, and preventive skin car		
	change of condition f				C.	
	Accurately and regula skin inspections (skin	arly perform and document				
	schedule for Residen Accurately and regula	ts #1, #3, #6, and #8;				
		ure injuries per facility			-	
		er dressing changes or				
	Perform and docume	ent daily monitoring of lressings for Resident #1;				

Event ID: 2JVJ11

Facility ID: 475014

If continuation sheet Page 18 of 51

CENTER	S FOR MEDICARE &	ND HUMAN SERVICES MEDICAID SERVICES		_		OMB NC	APPROVE 0. 0938-039
	DF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:					SURVEY PLETED
		475014	B. WING				19/2023
NAME OF P	ROVIDER OR SUPPLIER			ST	REET ADDRESS, CITY, STATE, ZIP CODE	-d	
BURLING	TON HEALTH & REHAB				0 PEARL STREET		
				BU	JRLINGTON, VT 05401		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	(	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD'E CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		(X5) COMPLETION DATE
F 686	Continued From page	o 19	F 6		F686 cont		
F 000		e To reflect actual skin status for	FO		Method to Assess for Others		
	Resident #1;						
	Create care plans to feet for Residents #1	monitor diabetic residents'			A facility wide skin sweep was		
	Monitor diabetic resid	dents' feet for Residents #1,			performed and completed by		
	#2, and #3.				01/10/23 by DON/designee to		
á	These failures contrib	buted to a below the knee			evaluate each resident's skin sta		
		ent #'1, a delay in pressure			determine if any follow-up care	and	
	ulcer treatment for Residents #1, #2, #3				services were indicated. This is		
	Residents #1, #2, #3, #6, and #8 at risk for developing new or additional pressure ulcers,				continued with weekly head to		
	-	e jeopardy situation for			skin evaluations. A resident re		
	serious injury to recu action was not taken.			audit was also performed to eva			
					compliance with preventative s		
		ISG236 Skin Integrity and t, last reviewed 9/1/22,			care, head to toe skin assessme	nt,	
		nsive initial and ongoing			shower schedule, treatment,		
	nursing assessment	of intrinsic and extrinsic			notification of change.		
		es skin health, skin/wound ability of a wound to heal will			Systematic Process		
		lan of care for the patient will			-		
		ssment findings from the			An ad hoc QAA was performed		
		ent assessment and wound continually observe and			complete a systematic review w		
		changes and implement			revisions as indicated. New LN	As will	
		of care as needed." Practice			be oriented and annually educa	ted	
	Standards include:	aluation on admission,			on pressure relieving devices,		
	re-admission, weekly				nutrition/hydration, repositioni	ng,	
	quarterly, and with si				change in condition, shower		
	condition."	stant will observe skin daily			schedule, Diabetic and foot care	e, and	
	and report any chang	ges or concern to the nurse."			preventive skin care.		
	6. A licensed nurse 6.1 Evaluate an	will: y reported or suspected skin					
	changes or wounds						
	6.2 Document n	ewly identified skin/wound					

Facility ID: 475014

If continuation sheet Page 19 of 51

#### DEPARTMENT OF HEALTH AND HUMAN SERVICES FORM APPROVED **CENTERS FOR MEDICARE & MEDICAID SERVICES** OMB NO, 0938-0391 (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING С 475014 B. WING 01/19/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **300 PEARL STREET BURLINGTON HEALTH & REHAB BURLINGTON, VT 05401** SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION ID (X4) ID (X5) (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX COMPLETION (EACH CORRECTIVE ACTION SHOULD BE PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) DATE CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) Licensed nurses will be oriented and F 686 F 686 Continued From page 19 annually educated on change in impairments as a change in condition condition, skin integrity and wound 6.4 Perform and document skin inspection on all newly admitted/readmitted patients weekly management, wound care dressing thereafter and with any significant change of guidelines, and documentation of condition skin care provided. A risk evaluation 6.5 Complete wound evaluation upon admission/readmission, new in-house acquired, is now completed on admission, weekly, and with unanticipated decline in wounds. re-admission, weekly for the first 6.6 Perform daily monitoring of wounds or month of stay, guarterly and with any dressings for presence of complications or declines. 6.6.1 Document daily monitoring of possible significant change. Each ulcer/wound site with or without dressing." facility resident now has a formalized "8. Review care plan and revise as indicated." schedule head to toe skin checks Facility policy titled Wound Dressing: Aseptic No weekly, bi-weekly bathing, foot Touch, last reviewed 12/1/2021, states staff are to observations during care and during verify the wound dressing order before changing dressings and document wound evaluation with specific individualized ankle to toe unanticipated wound decline and/or weekly if foot care as noted on order sets and assessment is due. documented on the treatment The American Diabetes Association "Standards of administrative records, Care in Diabetes-2023" reveals on page S209 the recommendation for diabetics to perform daily examination of the feet to identify early foot problems. 1 Resident #1 Record review and interview reveal that Resident #1 was readmitted to the facility from the hospital on 9/14/22 with a deep tissue pressure injury. The facility failed to provide timely and regular skin and wound assessments, provide pressure ulcer treatment and dressing changes, initiate a change of condition in the electronic medical record, revise his/her care plan to reflect his/her clinical condition and needs, and create and implement care plan interventions for daily

FORM CMS-2567(02-99) Previous Versions Obsolete

Facility ID: 475014

If continuation sheet Page 20 of 51

	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			CONSTRUCTION	(X3) DATE COMF	SURVEY
		475014	B, WING			1	C 19/2023
NAME OF PR	ROVIDER OR SUPPLIER			ST	REET ADDRESS, CITY, STATE, ZIP CODE		
				300	0 PEARL STREET		
BURLING	TON HEALTH & REHAB			BU	JRLINGTON, VT 05401		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE	(X5) COMPLETIO DATE
					F686 cont		
F 686	Continued From page	e 20	F 68	86			
		ng, placing Resident #1 at			LNA documentation and reside	nt	
		und complications and					
		pressure ulcers. The deep			individualized care plan for		
		sed to an unstageable			individualized preventative car	e. In	
		/29/22, fifteen days after			the event of change of condition	on or	
		cility. Once the wound was			status and or non-pressure rela	ted	
		overed, the facility continued			observations, the resident's		
		kin integrity and wound ntions. The deterioration of					
		re injury resulted in a below			practitioner will be alerted for		
	the knee left leg amp				guidance and orders, resident a	and or	
					responsible party will be notified	ed with	
	Record Review:				the care plan individually upda	ted.	
					The Unit Manager/designee wi		
	Resident #1 was initi 2/11/22. Since then,	ally admitted to the facility on					
		ays of three or more days on			daily review of the electronic h	ealth	
	-	22-6/30/22, 7/1/22-8/1/22,			record (EHR) to evaluate		
	8/14/22-8/25/22, 9/5/				documentation of the complet	on of	
	12/13/22-1/4/23.				scheduled skin care, weekly he	ad to	
					toe skin checks, shower schedu		
		dmitted to the facility on				ile allu	
	•	ospital stay with diagnoses			wound care. The Unit		
		diabetes mellitus, altered ty, frequent incontinence,			Manager/designee will make w	eekly	
		chronic obstructive pulmonary		Ť	skin care resident skin care rou	nds.	
		biratory failure, severe			The Unit Manager/designee wi	II	
		se, congestive heart failure,			make daily visual rounds to visu		
		utation of the right toe,			care on all three shifts to evaluate		
		s, hypertension, rheumatoid		1			
		kness, chronic pain, and t infections, seizures, and			staff completion and competer	-	
		Minimum Data Set (MDS; a			well as individual resident skin	status.	
	comprehensive asse	-					
		ated 9/14/22 reveals that					
	s/he requires two-pe	rson assist for bed mobility,					
	-	rs. These clinical conditions					
	and comorbidities are pressure ulcers.	e risk factors for developing					

Facility ID: 475014

If continuation sheet Page 21 of 51

		ND HUMAN SERVICES				FOR	D: 02/02/2023 M APPROVED
STATEMENT	S FOR MEDICARE & OF DEFICIENCIES F CORRECTION	MEDICAID SERVICES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDI		CONSTRUCTION	(X3) DATE	<u>0, 0938-0391</u> E SURVEY PLETED
		475014	B. WING				C
NAME OF P	ROVIDER OR SUPPLIER			S	TREET ADDRESS, CITY, STATE, ZIP CODE	1 01	/19/2023
			- 1		00 PEARL STREET		
BURLING	TON HEALTH & REHAB			B	BURLINGTON, VT 05401		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIJ TAG	x	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		(X5) COMPLETION DATE
F 686	Continued From page	ə 21	Fe	686	Quality Assurance		
	The transition of care	(discharge summary) from			The DON will be responsible for		
		22 reveals on page 3 that			·		
	Resident #1 needed	follow up with the podiatry			ensuring that this system is in pla		
		cer. Page 6 indicates that			to support adherence to the pre	ssure	
	injury. It is documente	It heel deep tissue pressure ed on page 7 that on 9/14/22			injury program.		
	at 9:30 am, the heel wound had a clean, dry, and intact foam dressing. There is no evidence that the facility completed a skin risk evaluation, skin inspection, wound		F 68	36	F686 cont	-	
					The DON will complete a week	y	
	evaluation, or monito				audit of eight residents per mon	th to	
	dressing when Resid 9/14/22's.	ent #1 was readmitted on			evaluate their skin status,		
		an on 9/14/22 includes the	1		confirmation that anything prese	ent	
	following care plan fo				has been appropriately identified	d by	
		skin breakdown r/t [related continence (B&B) [bowel and			the system and that the system v	vas	
		s to groin and abdominal			followed through detection,		
		f right toes" initiated on		- 1	notification of change, care and		
	2/16/22. Interventions	s include "assess for			documentation. Any concerns		
		te skin risk assessment as			identified will be addressed at th	e	
		tiated 2/16/22. The care			time of recognition. Results of th		
		s his/her deep tissue injury` ns to care for the wound			DON audit and process will be		
		Also, the care plan does not			· ·		ſ
		foot checks or reflect			included in the facility monthly ri		
	Resident #1's actual	wound.			management/quality improveme		
	A progress poto sign	ed and dated on 9/27/22			meeting for additional considerat	ion	
		vs after readmission by the			as determined appropriate.		
		s "Evaluated left heel area	0	I.		1	Į.
		ling [gauze bandage]			Fag F 686 POC accepted on 2/16/23       Stom/P	by	
		essing noted to have circular			S. Stem/P. Cota		
		ellow slough surrounding ed. Notified [physician].					
	-	oam dressing applied with					

Facility ID: 475014

If continuation sheet Page 22 of 51

	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO	DNSTRUCTION		E SURVEY
		475014	B. WING			C 1/19/2023
	ROVIDER OR SUPPLIER	1		EET ADDRESS, CITY, STATE, ZIP CODE Pearl Street		113/2025
DORLING			BUF	RLINGTON, VT 05401		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORF (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AF DEFICIENCY)	HOULD BE	(X5) COMPLETIO DATE
F 686	on Thursday." Review of Resident # administration record administration record (LNA) documentation progress notes, provi tools does not reveal Resident #1 between readmitted on 9/14/2 was first documented comprehensive skin a assessments, skin ch reporting skin concer evaluations, a chang for dressing changes foot checks, or daily to dressings. A Wound Nurse note the visit as the initial Resident #1's pressu A Nurse Practitioner that Resident #1's wo inches in size and is crusty tissue]. A Wound Nurse prog indicates that the wo unstageable, and imp Resident #1's care pi to include "actual L [I aspect," as a skin bre	lent on list for wound nurse 41's medication 1 (MAR), treatment 1 (TAR), Licensed Nurse Aide n, physician's orders, ider notes, and assessment 1 any of the following for 1 the time s/he was 2 and the time the wound 3 on 9/27/22: a assessment, skin risk necks, nursing assistants rns to the nurse, wound e in condition form, orders or treatments, daily diabetic monitoring of wounds and/or 1 dated 9/29/22 documented encounter and recorded that are ulcer appears infected. note dated 9/30/22 indicated bund was approximately 3x2 described as eschar [dark, proving. an was revised on 10/13/22 eft] heel wound inner	F 686			

Event ID: 2JVJ11

If continuation sheet Page 23 of 51

		ND HUMAN SERVICES				RM APPROVE 10. 0938-039
	DF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CLE CONSTRUCTION		E SURVEY
		475014	B. WING		0	C 1/19/2023
NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP C		
BURLING	TON HEALTH & REHAB			300 PEARL STREET		
				BURLINGTON, VT 05401		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE THE APPROPRIATE	(X5) COMPLETIO DATE
F 686	Continued From page	e 23	F 68	26		
1 000		(NP) note dated 10/19/22	1 00			
		ms related to the injury				
		worsened." The note				
	discloses "entire hee	I back eschar. Dressing				
		0/13. Foul smell. Redness				
	•	rted to the DON [Director of				
	Nursing] that the dail not being followed."	y dsg [dressing] ordered is				
	Wound Nurse noted	dated 10/20/22 reveals that				
	the wound has increa	ased in size to 5.5 x 6.1 x 0.2				
	-	d deteriorating. S/He writes				
		ound "has worsened this				
	week d/t [due to] issu	e with dressing changes."				
	Resident #1's MAR o	or TAR does not reveal				
	-	ocumentation that the				
	dressing was change 10/19/22.	d from 10/7/22 through				
	Review of Resident #	t's medical record reveals				
		n assessment on 9/14/22				
	the risk of developing	assessment [score predicting pressure sores] from				
	3/13/22 through 1/3/2					
	-	wound dressing changes or				
	treatment from 9/14/2	22 through 9/28/22; of wound monitoring from				
	9/14/22 through 9/26	•				
	Weekly skin checks f					
	9/26/22;					
	•	ations from 9/14/22 through				
	9/28/22; Change of condition	documentation for a new				
	skin impairment iden					
		lective of actual wound from				
	9/14/22 through 10/1					

Facility ID: 475014

If continuation sheet Page 24 of 51

		ID HUMAN SERVICES				FORM	APPROVED
STATEMENT O	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDIN			(X3) DATE COMP	0. 0938-0391 SURVEY LETED
		475014	B. WING				_ 19/2023
	ROVIDER OR SUPPLIER			300	REET ADDRESS, CITY, STATE, ZIP CODE PEARL STREET RLINGTON, VT 05401		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		(X5) COMPLETION DATE
F 686	Documentation of dre through 10/19/22; A weekly wound evalue 10/19/22; Weekly skin checks for 12/13/22; A care plan interventic checks from 9/14/22 for Documentation of data 9/14/22 through 12/13 The facility was unable missing skin and wou assessments/evaluate orders, dressing char documentation, or dia Resident #1 when rea AM by the surveyor. A 12/14/22 hospital of reveals that Resident emergency departme orthopedic surgery we heel ulcer. The note re ulcer probes to bone removal has substant tissue." A hospital operative re "Given the extent and presence of periphera the infectious burden wound, multiple provin- patient that a left tran	essing changes from 10/7/22 uation from 10/7/22 through rom 11/25/22 through on for daily diabetic foot through 10/14/22; or ly diabetic foot checks from 3/22. le to produce evidence of and ions, dressing and treatment ages, change of condition abetic foot checks for quested on 1/10/23 at 10:20 rthopedic progress note #1 was transferred to the ent on 12/13/22 and as consulted for his/her left reveals: "On exam left heel with thin eschar, which with tial fibrinous and necrotic eport from 12/20/22 states d location of the wound, al artery insufficiency, and related to the left heel ders had discussed with the stibial amputation would be sident #1 had his/her left leg	F	886			

Facility ID: 475014

If continuation sheet Page 25 of 51

DEPART	MENT OF HEALTH AN	ID HUMAN SERVICES					M APPROVED
CENTER	S FOR MEDICARE &	MEDICAID SERVICES		_			D. 0938-0391
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			DNSTRUCTION	COM	E SURVEY PLETED
		475014	B. WING			1	C / <b>19/2023</b>
NAME OF P	ROVIDER OR SUPPLIER		_	STR	EET ADDRESS, CITY, STATE, ZIP CODE		
BURLING	TON HEALTH & REHAB				PEARL STREET RLINGTON, VT 05401		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	¢	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD E CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		(X5) COMPLETION DATE
F 686	Per interview on 1/4/2 Manager confirmed th Resident #1's heel wi wound. S/He was una the pressure ulcer ha long the dressing had Per interview on 1/4/2 Administrator (ADM) been an initial nursing skin assessment for F on 9/14/22. The ADM not a weekly skin che 9/14/22 and the initial #1's pressure ulcer by	23 at 12:36 PM, the Unit hat there was a dressing on hen s/he first discovered the able to determine how long d been present and how d been in place for. 23 at 1:01 PM, the confirmed that there had not g assessment, including a Resident #1's readmission I confirmed that there was eck documented between I documentation of Resident y the facility.	F	86			
	that there is a glitch w readmissions. When facility for three or m and the nurse must s orders in. There is no previous orders were standard nursing order should be there [in th of the reasons Reside checks or diabetic for Per interview on 1/5/2 Director confirmed the foot checks for diabetic care and should be a all diabetics. S/He als skin checks are to be return from the hospit Per interview on 1/6/2	23 at 8:21 AM, Resident #1,					
	stated that staff could						

Facility ID: 475014

If continuation sheet Page 26 of 51

							RM APPROVE 10, 0938-039
	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:					
		475014	B. WING			0	C 1/19/2023
NAME OF P	ROVIDER OR SUPPLIER			STRE	EET ADDRESS, CITY, STATE, ZIP CODE		
BURLING	TON HEALTH & REHAB		300 PEARL STREET BURLINGTON, VT 05401				
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG	x	PROVIDER'S PLAN OF CORRI (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE API DEFICIENCY)	TION SHOULD BE CO THE APPROPRIATE	
F 686	the spot on his/her for started treating it and concern. S/He stated Nurse saw his/her her S/He said that somet be changed for 5-6 d Resident #1 on 1/10// above and expanded look at his/her feet ev 1/10/23 minimum dat revealed the resident impairment with a brid (BIMS) score of 15 of On 1/6/22 at 11:55 Al confirmed that the fac Integrity and Wound followed by nursing s On 1/6/22 at 12:30 P Consultant stated that to add diabetic foot c care plans as it is not facility does for all dia there is not written po ensure that a resident information for wound electronic medical ref On 1/9/23 at 9:20 AM that there is a diabeti implemented for even Once triggered, it will foot checks. S/He stat to the order and might checks if there is not a fact	bot months before staff I had told staff about his/her I that by the time the Wound eel, it was big and orange. imes the dressing wouldn't ays. A later interview with 23 at 4:10 pm reiterated the to explain that staff did not very day. [Resident #1's ta set (MDS) assessment t had no cognitive ef interview for mental status ut of 15.] M, the Director of Nursing cility policy titled Skin Management should be staff for all residents. M, the Regional Clinical at it is up to nursing judgment hecks into nursing orders or t something standard the abetics. S/He confirmed that oblicy or procedure in place to its transfer of care ds is entered into [the cord system]. M, the Unit Manager stated ic protocol that should be ry resident with diabetes. I add orders for daily diabetic ated that nurses are working in not do daily diabetic foot an order for it. S/He stated cility procedure on how to taff need something to refer	F	686			

Facility ID: 475014

If continuation sheet Page 27 of 51

		ND HUMAN SERVICES				RM APPROVE NO. 0938-039
	DF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		PLE CONSTRUCTION	(X3) DA	TE SURVEY MPLETED
		475014	B. WING		0	C 1/ <b>19/2023</b>
NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 300 PEARL STREET		
BURLING	TON HEALTH & REHAB			BURLINGTON, VT 05401		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETION DATE
F 686	Continued From page	e 27	F 68	36		
	Nurse (LPN) stated the foot checks when the administration record administration record	(TAR).				
	stated that when a ch filled out for new wou evaluations will auto confirmed that a char	I, the Director of Nursing hange of condition form is inds, weekly skin and wound populate in the EMR. S/He hge of condition form is not he and it might be due to a				
		l, an LPN stated that s/he hecks if they are on the TAR.				
	checks and diabetic f the TAR if they are du diabetic residents on	M, an LPN stated that skin foot checks will pop up on ue. When asked if the his/her assignment that day ecked every day, s/he stated re that they did.				
	confirmed that the sk	AM, the Director of Nursing in risk evaluation used by Braden Scale for Predicting Assessment."				
	Nurse stated that Res severe when s/he firs there have been issu being changed at the management aware. answer question abo management, and s/l	I/23 at 11:55 AM, the Wound sident #1's wound was at cared for it. S/He said es around dressings not facility and she had made Sometimes staff cannot ut residents' wound he encounters situations tions were not correct. S/He				

Facility ID: 475014

If continuation sheet Page 28 of 51

		ID HUMAN SERVICES MEDICAID SERVICES				FOR	ED: 02/02/20 RM APPROVE O, 0938-03
	ENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPI AN OF CORRECTION LIDENTIFICATION NUMBER: A. BUILDING					E SURVEY IPLETED	
		475014	B. WING		•	01	C 1/19/2023
NAME OF PF	OVIDER OR SUPPLIER			STREE	T ADDRESS, CITY, STATE, ZIP CODE		
BURLING	ON HEALTH & REHAB				EARL STREET		
				BURL	INGTON, VT 05401		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	(	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE APF DEFICIENCY)	OULD BE	(X5) COMPLETIO DATE
F 686	Continued From page	e 28	F6	86			
1 000		ucation sessions with staff					
		a formal educational					
	session for staff, but him/her up on the off	management has not taken er.					
		M, the Director of Nursing					
		dent confirmed that the					
	failures to implement the skin and wound policies and procedures were due to a mix of staff not						
	•	aining on the policies and					
	procedures and staff	not having the					
	competencies to impl	lement them.					
	2. Resident #6						
	Record review and in	terview reveal that the					
	facility failed to provid	de timely and regular skin					
		ents placing Resident #6 at					
		veloping pressure ulcers.					
		n the discovery of three e ulcers and two deep tissue					
	• 1	his/her last skin check.					
	Record Review						
	Resident #6 was adn	nitted to the facility on					
		es that include multiple					
		akness, and dementia.					
		lated 11/30/22 reveals that eloping pressure ulcers and					
		Ill assistance, requiring a two					
		mobility, transferring, and					
	toileting. These clinic						
	comorbidities are risk pressure ulcers.	c factors for developing					
		an includes the following					
	care plan focuses: "Resident at risk for s	skin breakdown related to					

Event ID: 2JVJ11

Facility ID: 475014

If continuation sheet Page 29 of 51

DEPART	MENT OF HEALTH AN	ID HUMAN SERVICES					D: 02/02/2023 M APPROVED	
CENTER	S FOR MEDICARE &	MEDICAID SERVICES					D. 0938-0391	
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING				(X3) DATE SURVEY COMPLETED		
475014			B. WING			1	C	
NAME OF PR	ROVIDER OR SUPPLIER		_	_	TREET ADDRESS, CITY, STATE, ZIP CODE	1 01/	/19/2023	
					00 PEARL STREET			
BURLINGT	TON HEALTH & REHAB			B	BURLINGTON, VT 05401			
(X4) ID PREFIX TAG	REFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL			ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH CORRECTIVE ACTION SHOULD I TAG CROSS-REFERENCED TO THE APPROPR DEFICIENCY)			(X5) COMPLETION DATE	
	impaired mobility, adv awareness, frail/fragil created on 8/18/22. In "Weekly skin check b 8/18/22 and "Observe skin breakdown i.e. re decrease sensation, a blanche easily," creat "The resident has pool development r/t [relat created on 2/15/21. In facility protocols for th skin breakdown," creat "Document/report to 1 changes in skin statu healing, s/sx [signs at wound size and stage A physician's order da "Check skin condition extremities daily ever document in nurses re A skin check was dor injury/wound(s) were A skin check on 1/6/2 wounds were identifie Unstageable pressure (lateral). Unstageable pressure (medial). Unstageable pressure Deep tissue injury on Deep tissue injury on	vanced age, poor safety le skin, incontinence," interventions include: y license nurse," created on e skin for signs/symptoms of edness, cracking, blistering, and skin that does not ted 8/18/22. tential for pressure ulcer red to] decreased mobility," interventions include: "Follow ne prevention/treatment of ated on 2/15/21 and, MD PRN [as needed] s: appearance, color, wound nd symptoms] of infection, e," created on 2/15/21. ated 7/27/22 states to a to bilateral lower y shift for fragile skin note any new skin concerns". the on 11/9/2022. No skin noted. 22 reveals the following ed: e ulcer on left buttock e ulcer on left buttock e ulcer on right heel. left lateral foot. left medial ankle. 6's medical record reveals	F	686				

Facility ID: 475014

If continuation sheet Page 30 of 51

DEPARTMENT OF HEALTH				PRINTED: 02 FORM AP	PROVED
CENTERS FOR MEDICARE STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X3) DATE SUR COMPLETE	VEY
	475014	B. WING		С	
NAME OF PROVIDER OR SUPPLIER	410014		STREET ADDRESS, CITY, STATE,	ZIR CODE	.023
			300 PEARL STREET		
BURLINGTON HEALTH & REHA	B		BURLINGTON, VT 05401		
PREFIX (EACH DEFICIE	STATEMENT OF DEFICIENCIES NCY MUST BE PRECEDED BY FULL OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	X (EACH CORRECTIV CROSS-REFERENCED	N OF CORRECTION E ACTION SHOULD BE CO D TO THE APPROPRIATE CIENCY)	(X5) IMPLETION DATE
<ul> <li>1/5/23.</li> <li>Interview</li> <li>On 1/17/23 at 11:0 confirmed there is were done as care December 2022.</li> <li>3. Resident #3</li> <li>Record review and facility failed to pro and create and imp for daily diabetic for #3 at increased ris ulcers.</li> <li>Record Review:</li> <li>Resident #3 was a 12/20/22 with diage diabetes mellitus, for muscle weakness, history of stroke. R 12/26/22 reveals th pressure ulcers an requiring a two per transferring, and to conditions and con developing pressure</li> <li>Resident #3's care care plan focus: "Patient is at risk for Advanced age (greet)</li> </ul>	3 AM, the Director of Nursing no evidence that skin checks planned and ordered in interview reveal that the vide regular skin assessments blement care plan interventions ot monitoring, placing Resident k for developing pressure dmitted to the facility on noses that include type 2 hypertension, left foot drop, dementia, depression, and esident #3's MDS dated hat s/he is at risk for developing d totally dependent on staff, son assist for bed mobility, bileting. These clinical norbidities are risk factors for	F	686		

		ID HUMAN SERVICES MEDICAID SERVICES					FOR	D: 02/02/2023 MAPPROVED D. 0938-0391
STATEMENT (	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:					(X3) DATE	
0		475014	B. WING			_		C /1 <b>9/2023</b>
NAME OF P	ROVIDER OR SUPPLIER		-	S	TREET ADDRESS, CITY, ST	ATE, ZIP CODE	011	I JILULJ
BURLING	TON HEALTH & REHAB				00 PEARL STREET BURLINGTON, VT 0540	1		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S (EACH CORREC CROSS-REFEREN	PLAN OF CORRECTION CTIVE ACTION SHOULD BE NCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
F 686	mobility, nutritional co skin integrity impairme to abdomen and bilate 12/21/22. Intervention check by license nurs care plan does not ind checks. Review of Resident # that s/he does not hav A Braden Scale risk a through 1/8/23; A weekly skin check f 1/5/23; A care plan intervention checks from 12/20/22 Documentation of dai 12/20/22 through 1/5/ The facility was unable missing risk assessm documentation of dial Resident #3 when reo AM by the surveyor. 4. Resident #8 Record review and inter failed to provide accu assessments and cre for daily diabetic foot #8 increased risk for of Record Review: Resident #8 was adm 11/27/20 with diagnost diabetes mellitus, hyp	Ancerns and or has actual ents-admitted with bruises eral arms," created on is include: "Weekly skin e" created on 12/21/22. The clude daily diabetic foot 3's medical record reveals ve: issessment from 12/20/22 rom 12/21/22 through on for daily diabetic foot through 1/5/23; or ly diabetic foot checks from 23. e to produce evidence of ents, skin checks, or betic foot checks for guested on 1/10/23 at 10:20 terview reveal the facility rate and regular skin ate a care plan intervention monitoring, placing Resident developing pressure ulcers.	F	686				

Facility ID: 475014

If continuation sheet Page 32 of 51

CENTERS FOR MEDICARE & M STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		FICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		IPLE CONSTRUCTION	(X3) DA1	IO. 0938-039 TE SURVEY MPLETED
		475014	B. WING		0	C 1/19/2023
NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP		
BURLING	TON HEALTH & REHAB			300 PEARL STREET BURLINGTON, VT 05401		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI) TAG	PROVIDER'S PLAN C	CTION SHOULD BE D THE APPROPRIATE	(X5) COMPLETION DATE
F 686	and coronary artery of dated 11/14/22 revea developing pressure assistance for transfe clinical conditions and factors for developing Resident #8's care pl care plan focus: "[Resident #8] is at ris related to osteoarthrit disease], bilateral ma has venous ulcers to and abrasion to left ca Interventions includes checked weekly by lic created on 10/18/22. include daily diabetic Resident #8's medica (MAR) reveals an oro lower extremities] wit Apply moisturizing cm [right lower extremitiy iodine cadexomer ge with foam [cover with available]. Wrap with adhesive wrap (Coba 2 day(s) for venous u documented as comp Skin checks from 10/ that Resident #8 does or wounds. This infor dressing changes for performed in the MAR	disease, Resident #8's MDS ls that s/he is at risk for ulcers and needs staff erring and toileting. These d comorbidities are risk g pressure ulcers. an includes the following sk for skin break down tis, PVD [peripheral vascular estectomy. Resident currently right and left posterior legs alf," created on 11/27/20. "skin/wounds will be censed professional," The care plan does not foot checks. ation administration record der to "Cleanse BLE [bilateral h wound cleaner. Pat dry. eam to intact skin. For RLE ] only iodosorb cream. Apply I to open areas and cover Ag/silver foam if iodine not roller gauze (kerlix) and an) every evening shift, every lcers." This order was oleted throughout October. 1/22 and 10/11/22 indicate s not have any skin injuries mation contradicts the wounds documented as	F	586		

If continuation sheet Page 33 of 51

CENTERS FOR MEDICARE & MEDICARD SERVICES     OME NO.0388-831       STATURED OF DEFICIENCIES     (P2) MULTIPLE CONSTRUCTION       AND PLAN OF CORRECTION     (P1) PROVIDER OR SUPPLIER       MARE OF PROVIDER OR SUPPLIER     91000000000000000000000000000000000000	DEPARTI	MENT OF HEALTH AN	ID HUMAN SERVICES					2D: 02/02/2023 MAPPROVED	
AND PLAN OF CORRECTION     IDEMNIFICATION NUMBER:     A. BUILDING     COMPLETED       AND OF PROVIDER OR SUPPLIER     STREET ADDRESS. CITY, STATE, ZP CODE     01/19/2023       BURLINGTON, HEALTH & REHAB     STREET ADDRESS. CITY, STATE, ZP CODE     01/19/2023       (%10) OF PROVIDER OR SUPPLIER     SUMMENT STATEMENT OF DESIGNATION     PAR.     REGULATORY OR SUPPLIER       BURLINGTON, VT 05401     SUMMENT STATEMENT OF DESIGNATION     PAR.     REGULATORY OR SUPPORTUNE     Configure       (%10) OF PROVIDER OR SUPPORTUNE REPORTUNE TO THE PERCENCED OF YTHLL     PERCENCE     PERCENCE OF CONFERSION OF CONFORMATION OF THE PERCENCE OF YTHLL     PERCENCE OF CONFERSION OF CONFERSION OF MEDICINAL OF CONFERSION OF MEDICINAL OF CONFERSION OF CONFERS	CENTER	S FOR MEDICARE &	MEDICAID SERVICES				OMB N	O.0938-0391	
MME OF PROVIDER OR SUPPLER     STREET ADDRESS, CITY, STATE, ZIP CODE 300 PEARL STREET BURLINGTON, VT 05401     OIT1912023       (MI D) (MI D) (MI D) (MI D) (PARD DEFORMARY STATUENT OF DEFORMUES PROVIDERS PLANA CONNECTION, MARKET BURLINGTON, VT 05401     DEFORMACTION (EACH OORSECTION ATTON HOULD BE (EACH OORSECTION ATTON HOULD BE REGULATORY OR LSC IDENCIFIED MARKET ATTON HOULD BE PROVIDERS PLANA CONNECTION TO TO PERCIFICATION (EACH OORSECTION ATTON HOULD BE PROVIDERS PLANA CONNECTION TO TO PERCIFICATION (EACH OORSECTION ATTON HOULD BE PROVIDERS PLANA CONNECTION TO TO PERCIFICATION (EACH OORSECTION TO TO THE PROFILM (EACH OORSECTION ATTON HOULD BE PROVIDERS PLANA CONNECTION TO TO THE PROFILM (EACH OORSECTION ATTON HOULD BE PROVIDERS PLANA CONNECTION TO THE PROFILM (EACH OORSECTION TO TO ATTON HOULD BE PROVIDERS PLANA CONNECTION TO THE PROFILM (EACH OORSECTION ATTON HOULD BE PROVIDERS PLANA CONNECTION TO THE PROFILM (EACH OORSECTION TO TO ATTON HOULD BE PROVIDERS PLANA CONNECTION TO THE PROFILM (EACH OORSECTION TO TO THE PROFILM (EACH OORSECTION TO THE PROFILM (EACH OORS						1° '	COMPLETED		
NAME OF PROVIDER OR SUPPLIER     STREET ALL PERSET       BURLINSTON HEALTH & REHAB     SUMMARY STATEMENT OF DEFICIENCIES (PAD DEFICIENCY MET E REFICIENCY			475014	B. WING			01	-	
Marcine         LEACH DEFICIENCY MART BE PRECEDED BY FULL REGULTORY OR LISCIDENTIFYING INFORMATION)         PREFIX TAG         CLEACH CORSERVITE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)         Condition           F 688         Continued From page 33 A Braden Scale risk assessment from 2/12/21 through 1/11/23; Weekly skin checks from 10/1/22 through 10/17/22; Weekly skin checks from 10/1/22 through 115/23; or A care plan intervention for daily diabetic foot checks from 11/2/120 through 115/23.         F 686         F         686           On 1/18/23 at 9:15 AM, the Unit Manager stated that traveling nursing staff do not get enough education when they are hired and that some staff do not document wounds on both legs during October 2022 and if skin checks on 10/1/22 or 10/11/22, the skin checks would not be accurate.         F           On 1/18/23 at 11:10 AM, the Director of Nursing confirmed that three is no evidence that skin checks were completed for the above dates per facility policy and care plan.         F           S. Resident #3 and mplement care plan.         F         Record review and interview reveal that the facility failed to provide an accurate.           On 1/18/23 at 11:00 AM, the Director of Nursing confirmed that three is no evidence that skin checks were completed for the above dates per facility policy and care plan.         F           S. Resident #2 Record review and interview reveal that the facility failed to provide an accurate comprehensive skin assessment on readmission and implement care pian interventions for daily diabetic foot monotion, pacing Resident #2 at         F					300 PEARL STREET				
A Braden Scale risk assessment from 2/12/21 through 1/11/23; Weekly skin checks from 8/28/22 through 9/30/22; Accurate skin checks from 10/1/22 through 10/17/22; Weekly skin checks from 12/13/22 through 11/5/23; or A care plan intervention for daily diabetic foot checks from 11/27/20 through 11/5/23. Interview: On 1/18/23 at 9:15 AM, the Unit Manager stated that traveling nursing staff do not get enough education when they are hired and that some staff do not document wounds on skin checks if the wound is not new. S/He confirmed that Resident #3 had venous ulcers on both legs during October 2022 and if skin checks on 10/1/22 or 10/11/22 stated that Resident #3 did not have any wounds on 10/11/22 or the above dates per facility policy and care plan. 5. Resident #2 Record review and interview reveal that the facility failed to provide an accurate comprehensive skin assessment on readmission and implement care plan interventions for daily diabetic foot monitoring, placing Resident #2 at	PREFIX	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL	PREFIX	(EACH C	ORRECTIVE ACTION SHOUL	LD BE	COMPLETION	
Record Review:	F 686	A Braden Scale risk a through 1/11/23; Weekly skin checks f 9/30/22; Accurate skin checks 10/17/22; Weekly skin checks f 1/5/23; or A care plan interventi checks from 11/27/20 Interview: On 1/18/23 at 9:15 A that traveling nursing education when they staff do not documen the wound is not new Resident #3 had very during October 2022 10/1/22 or 10/11/22 s not have any wounds skin checks would no On 1/18/23 at 11:00 / confirmed that there is checks were complet facility policy and car 5. Resident #2 Record review and in facility failed to provid comprehensive skin a and implement care p diabetic foot monitori increased risk for dev	Assessment from 2/12/21 rom 8/28/22 through from 10/1/22 through rom 12/13/22 through rom 12/13/22 through fon for daily diabetic foot 0 through 1/5/23. M, the Unit Manager stated staff do not get enough are hired and that some t wounds on skin checks if 2. S/He confirmed that ous ulcers on both legs and if skin checks on tated that Resident #3 did to on 10/1/22 or 10/11/22, the of be accurate. AM, the Director of Nursing is no evidence that skin ted for the above dates per e plan. terview reveal that the de an accurate assessment on readmission olan interventions for daily ng, placing Resident #2 at	F6	86				

Facility ID: 475014

If continuation sheet Page 34 of 51

		ND HUMAN SERVICES				FORM	D: 02/02/2023 MAPPROVED
CENTER	RS FOR MEDICARE &	MEDICAID SERVICES				OMB NC	D. 0938-0391
	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDIN			(X3) DATE COMF	E SURVEY PLETED
		475014	B. WING_			1	C / <b>19/2023</b>
NAME OF F	PROVIDER OR SUPPLIER			STR	REET ADDRESS, CITY, STATE, ZIP CODE	-	
			1	300	0 PEARL STREET		
BURLING	STON HEALTH & REHAB			BU	JRLINGTON, VT 05401		
(X4) ID PREFIX				(	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD	BE	(X5) COMPLETION
TAG	REGULATORY OR	LSC IDENTIFYING INFORMATION)	TAG		CROSS-REFERENCED TO THE APPROPR DEFICIENCY)		DATE
F 686	Continued From page	ə 34	F 6	86			
		ally admitted to the facility on					
		ed to the facility from the th diagnoses that include		-1			
		tus, chronic respiratory					
	failure, hypertension, chronic kidney diseas	chronic pain syndrome,					
	•	ire, legal blindness, and					
		#2's care plan dated 8/9/22					
	reveals s/he needs st transferring and toilet						
		rbidities are risk factors for					
	developing pressure						
	A 9/1/22 transition of summaryl from the bu	care note [discharge ospital reveals on pages 5-8					
	that Resident #2 had	multiple assessed wounds					
	-	ing: a right heel wound					
	5 M	h a small open area and ressing; a left heel wound					
	described as red and	boggy with a foam dressing;					
	and a left planter foot brown, and open to a	t wound, described as black, iir.					
	A 9/1/22 nursing skin	assessment does not					
		wounds noted in the 9/1/22					
	Resident #2's care pl care plan focuses:	an includes the following					
	"Resident is at risk of	f skin breakdown r/t [related					
		atitis [skin condition affecting					
		betes] and alterations in 8/9/22. Interventions include:					
	"Observe skin for sig	ns/symptoms of skin					
		ess, cracking, blistering,					
		and skin that does not					
		ted on 8/9/22 and "Weekly e nurse," created 8/9/22.					

Facility ID: 475014

If continuation sheet Page 35 of 51

	S FOR MEDICARE &			E CONSTRUCTION		D. 0938-03
	CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			COM	E SURVEY PLETED
		475014	B. WING			C /1 <b>9/2023</b>
NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE		
BURLING	TON HEALTH & REHAB					
				BURLINGTON, VT 05401		7
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE	(X5) COMPLETIO DATE
F 686	Continued From page	e 35	F 686			
	Dependent," created include: "Diabetic foo feet/toes/ankles/soles skin integrity, color, te cleanliness," created Review of Resident # that s/he does not ha An accurate compreh evaluation on 9/1/22; A Braden Scale risk a the risk of developing through 12/20/22; or Documentation of dai 9/1/22 through 12/30/ The facility was unab	on 8/3/22. 2's medical record reveals ve: mensive readmission skin assessment [score predicting pressure sores] from 8/8/22 ily diabetic foot checks from /22. le to produce evidence of ments or documentation of for Resident #2 when				
	Competent Nursing S CFR(s): 483.35(a)(3) §483.35 Nursing Serv The facility must have the appropriate comp provide nursing and r resident safety and a practicable physical, well-being of each res resident assessments and considering the r diagnoses of the facil	(4)(c) vices e sufficient nursing staff with vetencies and skills sets to related services to assure ttain or maintain the highest mental, and psychosocial sident, as determined by s and individual plans of care	F 726	F 726 Specific Corrective Act Facility Assessment was revi updated on 02/14/2023 by Administrator to assure that residents are not admitted of retained if they have needs to not be met.	ewed and DON and t	03/03/23

Facility ID: 475014

If continuation sheet Page 36 of 51

#### DEPARTMENT OF HEALTH AND HUMAN SERVICES FORM APPROVED **CENTERS FOR MEDICARE & MEDICAID SERVICES** OMB NO. 0938-0391 (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY **IDENTIFICATION NUMBER:** AND PLAN OF CORRECTION COMPLETED A. BUILDING С 475014 B, WING 01/19/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **300 PEARL STREET BURLINGTON HEALTH & REHAB BURLINGTON, VT 05401** SUMMARY STATEMENT OF DEFICIENCIES **PROVIDER'S PLAN OF CORRECTION** ID (X5) (X4) ID COMPLETION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE PREFIX DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) F 726 F726 cont... F 726 Continued From page 36 §483.35(a)(3) The facility must ensure that Licenses Nurses were educated with licensed nurses have the specific competencies competencies to support skills set on: and skill sets necessary to care for residents' needs, as identified through resident Completing assessments, and described in the plan of care. assessments/evaluations §483.35(a)(4) Providing care includes but is not Usage of the resident care limited to assessing, evaluating, planning and plan implementing resident care plans and responding to resident's needs. Weekly Head to Toe Check **Bi-weekly Shower Schedule** • §483.35(c) Proficiency of nurse aides. Foot/Skin/Wound Care The facility must ensure that nurse aides are able to demonstrate competency in skills and Adherence to the Care Plan techniques necessary to care for residents' Notification of Change • needs, as identified through resident Documentation assessments, and described in the plan of care. This REQUIREMENT is not met as evidenced LNAs were educated with by: Per record review and interview, the facility failed competencies to support skills set on: to ensure that licensed nurses and other nursing personnel have the knowledge and competencies Completing resident to provide skin and diabetic foot care for 5 of 6 observations sampled residents at risk for skin break down. Usage of the resident care Findings include: plan Skin Care Program The facility's Facility Assessment, last updated 7/27/22, indicates that the facility is able to Weekly Head to Toe skin provide care and services related to skin integrity observation and management of medical conditions related to diabetes. Bi-weekly Shower Schedule Adherence to the Care Plan "Part 2: Services and Care We Offer Based on Identification/reporting our Residents' Needs а. Skin integrity: Pressure injury prevention and resident observations care, wound care (surgical, pressure, other skin wounds) Management of medical conditions: b.

FORM CMS-2567(02-99) Previous Versions Obsolete

Facility ID: 475014

If continuation sheet Page 37 of 51

# DEPARTMENT OF HEALTH AND HUMAN SERVICES FORM APPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391 (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING С 475014 B. WING 01/19/2023 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER **300 PEARL STREET BURLINGTON HEALTH & REHAB** BURLINGTON, VT 05401 SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) COMPLETION PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE A CTION SHOULD BE PREFIX DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) F 726 F726 cont... F 726 Continued From page 37 Licensed Nurses and LNAs education Assessment, early identification of was completed by 02/28/23 by problems/deterioration, management of medical and psychiatric symptoms and conditions such as designated nurse educators on the heart failure, diabetes, ..." skin integrity program and their role and responsibilities. Competencies Record review and interview reveals the facility had systemic failures in ensuring staff were were completed for foot and wound trained and competent in skin integrity and wound care by the designated nurse management per facility policies and professional standards of care by failing to ensure nursing educators completed by 02/28/2023. staff were competent in: skin and wound assessment and skin and wound Method to Assess for Others assessment documentation: wound dressing changes. Each licensed nurse and LNHA knowable base were evaluated These failures put 5 of the 6 sampled residents during the training and competencies [Residents #1, #2, #3, #6, and #8] at increased risk for developing new pressure ulcer and while being completed to determine non-pressure ulcer skin impairments, and if any additional education, training, increased risk for pressure ulcer and non-pressure ulcer skin impairments or support is indicated. complications for 4 of the 6 samples residents [Residents #1, #2, #6, and #8]. Resident #1 had a Systematic Process below the knee amputation as a result of pressure ulcer complications, Resident #2 had a An ad hoc QAA was performed to 5th toe amputation as a result of diabetic ulcer complete a systematic review with complications, and Resident #6 had a delayed revisions as indicated. New LNAs will treatment for 5 pressure ulcers creating an immediate jeopardy situation for serious injury to be oriented and annually educated recur if immediate corrective action was not on: Completing resident taken. observations: Usage of the resident 1. It was established that training and care plan, Skin Care Program, Weekly competencies in skin assessment and wound Head to Toe skin observation, care were not completed for all staff. **Bi-weekly Shower Schedule**, **Record Review:** Adherence to the Care Plan and Identification/reporting resident Review of 5 licensed nursing education records observations. New nurses will be Event ID: 2JVJ11 FORM CMS-2567(02-99) Previous Versions Obsolete oriented and annually educated on:

		D HUMAN SERVICES			FORM APPROVED
CENTER	S FOR MEDICARE &	MEDICAID SERVICES			OMB NO. 0938-0391
	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTI A. BUILDIN	IPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		475014	B. WING		C 01/19/2023
NAME OF PF	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE	ž — .
BURLING	FON HEALTH & REHAB			300 PEARL STREET BURLINGTON, VT 05401	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B F726 cont Completing assessments/evalua	
F 726	reveals the following: 4 of 5 licensed nurses assessment training. 5 of 5 licensed nurses assessment compete 4 of 5 licensed nurses training. 3 of 5 licensed nurses care competencies. 5 of 5 licensed nurses condition training. Interview: Per interview on 1/4/2 AM, the Administer re Educator, Director of Assistant Director of stopped working at th who had been working week when the comp was going to be taking replacements were h Per interview on 1/9/2 a Licensed Practical did have some comp	s did not have skin s were not assessed for skin ncies. s did not have wound care s were not assessed wound s did not have change of 23 at approximately 11:00 evealed that the Nurse Nursing (DON), and Nursing had all recently the facility. A temporary DON, g at the facility less than a laint investigation started, g on all these roles until	F	<ul> <li>Completing assessments/evaluation</li> <li>usage of the resident care plan,</li> <li>weekly head to toe check proces</li> <li>bi-weekly shower schedule,</li> <li>foot/skin/wound care, adherended</li> <li>the care plan, notification of chara</li> <li>documentation. Competencies</li> <li>each topic educated on are in p</li> <li>to affirm knowledge base post</li> <li>education and training to support</li> <li>staff comfort and adherence. The have been completed by</li> <li>DON/designee by 02/28/23. Un</li> <li>Managers/Designee will round of and observe clinical care deliver</li> <li>identify opportunities for support</li> <li>addition to daily auditing of the for evidence of noncompliance</li> <li>documentation to evaluate.</li> <li>No less than quarterly the MDS</li> <li>Coordinator will review the</li> <li>documentation during the</li> </ul>	ss, ce to ange, of lace ort hese it daily ry to ort in EHR
	did not do skin asses him/her.	n LPN stated that the facility sment competencies with		assessment reference date to evaluate compliance with care v performing the resident assess instruments and process.	
	change of condition f time and it might be of confirmed that nurse skin assessment con	I, the DON confirmed that a orm is not being done all the due to a training issue. S/He training does not include npetencies, but s/he has a			
FORM CMS-256	7(02-99) Previous Versions Ob	solete Event ID:2JV	J11	Facility ID: 475014 If continu	ation sheet Page 39 of 51

## DEPARTMENT OF HEALTH AND HUMAN SERVICES FORM APPROVED **CENTERS FOR MEDICARE & MEDICAID SERVICES** OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING С 475014 B. WING 01/19/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 300 PEARL STREET **BURLINGTON HEALTH & REHAB BURLINGTON, VT 05401** SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION ID (X4) ID (X5) (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE PREFIX COMPLETION DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) F 726 F726 cont. F 726 Continued From page 39 **Quality Assurance** plan to do so. S/He handed this surveyor a "Skin Assessment Clinical Competency Validation" The Director of Nursing (DON) will be worksheet and stated that this is what should be responsible for ensuring that this used to evaluate skin assessment competencies with staff. Review of this competency worksheet system is in place. The DON will reveal critical elements of competency include complete an audit of eight residents evaluating skin on all parts of the body and per month to evaluate staff documenting results, including: "changes in temperature, color, moisture, turgor, and integrity knowledge and understanding by in the medical record." evaluating the quality of the care provided to the resident with focus On 1/10/23 at 9:50 AM, an LPN stated that s/he did not have any skin assessment competencies on educated areas of care for since s/he was hired. licensed nurses and LNAs. Any On 1/10/23 between 2:59 PM and 4:30 PM, 3 concerns identified will be addressed licensed nursing assistants (LNA), 3 LPNs, and 1 at the time of recognition. For the registered nurse (RN) could not locate the skin residents with concerns, the DON will integrity and wound management policy when asked. When showed the policy, the above staff review the competencies of identified confirmed that they had never seen it before. staff. Results of the DON audit and process will be included in the facility 2. It was established that staff are not implementing skin risk assessment, skin checks, monthly risk management/quality wound evaluations, or diabetic foot checks unless improvement meeting for additional there is a UDA [user defined assessment: assessment due to complete], or a treatment consideration as determined order to do so. appropriate. Facility policy titled NSG236 Skin Integrity and Wound Management, last reviewed 9/1/22, Tag F 726 POC accepted on 2/16/23 by states: "A comprehensive initial and ongoing S. Štem/P. Cota nursing assessment of intrinsic and extrinsic factors that influences skin health, skin/wound impairment, and the ability of a wound to heal will be performed. The plan of care for the patient will be reflective of assessment findings from the comprehensive patient assessment and wound evaluation. Staff will continually observe and FORM CMS-2567(02-99) Previous Versions Obsolete Event ID: 2JVJ11 Facility ID: 475014 If continuation sheet Page 40 of 51

	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	· · ·		NSTRUCTION		E SURVEY
		475014	B. WING			0.	C 1/19/2023
	ROVIDER OR SUPPLIER		_	STRE	ET ADDRESS, CITY, STATE, ZIP CODE		
	TON HEALTH & REHAB			300 P	PEARL STREET		
BURLING	ION HEALTH & REHAD			BUR	LINGTON, VT 05401		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETION DATE
F 726	Continued From page	×40		726			
F /20				/20			
		hanges and implement of care as needed." Practice					
	Standards include:						
		luation on admission,					
	re-admission, weekly	-					
	quarterly, and with sig	gnificant change in					
	"6. A licensed nurse v	vill:					
		document skin inspection on					
		admitted patients weekly					
	condition	ny significant change of					
		ound evaluation upon					
		on, new in-house acquired,					
	weekly, and with una	-					
	wounds."						
Ð							
		es Association "Standards of					
		3" reveals on page S209 the diabetics to perform daily					
		et to identify early foot					
	problems.						
	Record Review:						
	Record review reveal perform:	s the facility failed to					
		per facility schedule for					
	Residents #1, #2, #3,						
	Skin inspections (skir						
		ts #1, #3, #6, and #8;					
	evaluations per facilit	on-pressure injury wound y schedule for Residents #1,					
	#2 and #8; Daily diabetic foot ch	ecks for Residents #1, #2,					
	and #3.						
		or additional information					
	regarding residents #						

Facility ID: 475014

If continuation sheet Page 41 of 51

DEPARTI	MENT OF HEALTH AN	ID HUMAN SERVICES					M APPROVED
CENTER	S FOR MEDICARE &	MEDICAID SERVICES					0.0938-0391
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL			COM	SURVEY PLETED
		475014	B. WING			1	C <b>/19/2023</b>
NAME OF P	ROVIDER OR SUPPLIER			s	TREET ADDRESS, CITY, STATE, ZIP CODE		
	TON HEALTH & REHAB			3	00 PEARL STREET		
BUILLING				E	BURLINGTON, VT 05401		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	3E	(X5) COMPLETION DATE
F 726	Interview: On 1/5/23 at 2:48 PM confirmed that nursing checks for diabetic re and should be a stand diabetic residents.		F	726			
	that there is a diabetii implemented for ever Once triggered, it will foot checks. S/He sta are "working to the or is an order for] and m	a, the Onit Manager stated c protocol that should be y resident with diabetes. add orders for daily diabetic ted that a lot of the nurses rder" [only doing what there hight not do daily diabetic not an order on a resident's					
	checks and diabetic f the TAR if they are du diabetic residents on	M, an LPN stated that skin oot checks will pop up on ue. When asked if the his/her assignment that day ed every day, s/he stated at they did.					
	will do weekly skin as on the TAR. S/He has head-to-toe skin asse only done on admissi to do a new admissio s/he has started work months ago. S/He is checks for the two res	essment because those are on, and s/he has never had on skin assessment since king at the facility a few not aware of daily foot sidents with diabetes on the foot checks would pop up					
		M, a RN explained that s/he assessments, skin checks,					

If continuation sheet Page 42 of 51

CENTERS FOR MEDICARE & MEDICAID SERVICES       CM3 MULTPLE CONSTRUCTION       (X) DATE SURVEY         AND PLAN OF CORRECTION       (X) IDTESS UNIVEY       (X) DATE SURVEY         AND PLAN OF CORRECTION       (X) IDTESS UNIVEY       (X) DATE SURVEY         AME OF PROVIDER OR SUPPLIER       IDENTIFICATION NUMBER:       (X) IDTESS UNIVEY         IDENTIFICATION NUMBER:       475014       STREET ADDRESS, CITY, STATE, ZIP CODE         BURLINGTON HEALTH & REHAB       STREET ADDRESS, CITY, STATE, ZIP CODE       300 PEANL STREET         BURLINGTON HEALTH & REHAB       SUMMARY STATEMENT OF DEFICIENCIES       ID       PREFIX         TAG       SUMMARY STATEMENT OF DEFICIENCIES       ID       PREFIX       CORSTREET         TAG       ISUMMARY STATEMENT OF DEFICIENCIES       ID       PREFIX       CORSTREET TO SHOULD BE       COMPLETING         TAG       ISUMMARY STATEMENT OF DEFICIENCIES       ID       PREFIX       CONSTRETES NAN OF CORRECTION       COMPLETING         TAG       ISUMMARY STATEMENT OF DEFICIENCIES       ID       PREFIX       CONSTRETES ID TO THE APPROPRIATE       COMPLETING         TAG       ISUMMARY STATEMENT OF DEFICIENCIES       ID       PREFIX       TAG       CONSTRETES ID TO THE APPROPRIATE       COMPLETING         TAG       On 11/10/23 at 3:25 PM, an LPN, when showed       The skin and wound polici								
AND PLAN OF CORRECTION       IDENTIFICATION NUMBER:       A. BUILDING       C         475014       B. WING       C       01/19/2023         NAME OF PROVIDER OR SUPPLIER       STREET ADDRESS, CITY, STATE, 2IP CODE       300 PEARL STREET       BURLINGTON HEALTH & REHAB         BURLINGTON HEALTH & REHAB       SUMMARY STATEMENT OF DEFICIENCIES       ID       PROFINE       PROFINE       COMPLETED         Val (D)       SUMMARY STATEMENT OF DEFICIENCIES       ID       PROFINE       CORRECTION NOLD BE       COMPLETED         Val (D)       SUMMARY STATEMENT OF DEFICIENCIES       ID       PROFINE       CROSS-REFERENCED OT ON LOBE       COMPLETION         F726       Continued From page 42       F 726       F 726       Continued From page 42       F 726         On 1/10/23 at 3:25 PM, an LPN, when showed       the skin integrity policy, sife stated sife he had       Prove revealed that sife only       F 726         On 1/18/23 at 9:40 AM, the Director of Nursing       and the Market President confirmed that the       F 718       F 726         On 1/18/23 at 9:40 AM, the Director of Nursing       and procedures were due to a mix of staff not having the competencies to implement theskin and wound policies and procedures were due to a mix of staff not having the competencies to implement them.       S. It was established that not all skin assessment sare accurate; some staff are not doing a full body skin assessment during skin checks and som							1	
475014     B. WING     OUT/19/2023       NAME OF PROVIDER OR SUPPLIER     STREET ADDRESS, CITY, STATE, ZIP CODE     300 PEARL STREET       BURLINGTON HEALTH & REHAB     STREET ADDRESS, CITY, STATE, ZIP CODE     300 PEARL STREET       V(4) ID PREFIX TAG     SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)     ID PREFIX TAG     PROVIDER'S PLAN OF CORRECTION (EACH OCRRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)     (20) COMPLETION DATE       F 726     Continued From page 42 and wound evaluations when they pop up as an alert in the electronic medical record.     F 726       On 1/10/23 at 3:25 PM, an LPN, when showed the skin integrity policy, sfhe stated sfhe had never seen it before. Shne revealed that shhe only knows that a resident needs skin checks or foot checks by what is due on the UDA or MAR/TAR.     F 726       On 1/10/23 at 9:40 AM, the Director of Nursing and the Market President confirmed that the failures to implement the skin and wound policies and procedures were due to a mix of staff not having the enough training on the policies and procedures and staff not having the competencies to implement them.     3. It was established that not all skin assessments are accurate; some staff are not doing a full body skin assessment during skin checks and some staff are only documenting new							COMP	PLETED
BURLINGTON HEALTH & REHAB         300 PEARL STREET BURLINGTON, VT 05401           IX.01 D PREYX TAG         SUMMARY STATEMENT OF DEFICIENCIES (EACH CORRECTION)         ID PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)         COMMENTION DATE           F 726         Continued From page 42 and wound evaluations when they pop up as an alert in the electronic medical record.         F 726           On 1/10/23 at 3:25 PM, an LPN, when showed the skin integrity policy, s/he stated s/he had never seen it before. S/he revealed that s/he only knows that a resident needs skin checks or foot checks by what is due on the UDA or MAR/TAR.         F 726           On 1/18/23 at 9:40 AM, the Director of Nursing and the Market President confirmed that the failures to implement the skin and wound policies and procedures were due to a mix of staff not having the enough training on the policies and procedures and staff not having the competencies to implement them.         S. It was established that not all skin assessments are accurate; some staff are not doing a full body skin assessment during skin checks and some staff are only documenting new         Here is a procedure in the sin and wound policies and procedures and staff are only documenting new			475014	B. WING				-
BURLINGTON HEALTH & REHAB         BURLINGTON, VT 05401                (x4) ID PREFIX TAG               SUMMARY STATEMENT OF DEFICIENCIES (EACH OFFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC DENTIFYING INFORMATION)               ID PREFIX TAG               PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)            F 726         Continued From page 42 and wound evaluations when they pop up as an alert in the electronic medical record.               F 726               F 726            On 1/10/23 at 3:25 PM, an LPN, when showed the skin integrity policy, s/he stated s/he had never seen it before. S/he revealed that s/he only knows that a resident needs skin checks or foot checks by what is due on the UDA or MAR/TAR.               On 1/18/23 at 9:40 AM, the Director of Nursing and the Market President confirmed that the failures to implement the skin and wound policies and procedures were due to a mix of staff not having the enough training on the policies and procedures and staff not having the competencies to implement them.               I. It was established that not all skin assessments are accurate; some staff are not doing a full body skin assessment during skin checks and some staff are only documenting new               having the competencies to implement them. <td>NAME OF P</td> <td>ROVIDER OR SUPPLIER</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>	NAME OF P	ROVIDER OR SUPPLIER						
PREFIX TAG       (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)       PREFIX TAG       (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED to THE APPROPRIATE DEFICIENCY)       conduction         F 726       Continued From page 42 and wound evaluations when they pop up as an alert in the electronic medical record.       F 726         On 1/10/23 at 3:25 PM, an LPN, when showed the skin integrity policy, s/he stated s/he had never seen it before. S/he revealed that s/he only knows that a resident needs skin checks or foot checks by what is due on the UDA or MAR/TAR.       F 726         On 1/18/23 at 9:40 AM, the Director of Nursing and the Market President confirmed that the failures to implement the skin and wound policies and procedures were due to a mix of staff not having the enough training on the policies and procedures and staff not having the competencies to implement them.       3. It was established that not all skin assessments are accurate; some staff are not doing a full body skin assessment during skin checks and some staff are only documenting new	BURLING	TON HEALTH & REHAB						
<ul> <li>and wound evaluations when they pop up as an alert in the electronic medical record.</li> <li>On 1/10/23 at 3:25 PM, an LPN, when showed the skin integrity policy, s/he stated s/he had never seen it before. S/he revealed that s/he only knows that a resident needs skin checks or foot checks by what is due on the UDA or MAR/TAR.</li> <li>On 1/18/23 at 9:40 AM, the Director of Nursing and the Market President confirmed that the failures to implement the skin and wound policies and procedures were due to a mix of staff not having the enough training on the policies and procedures to implement them.</li> <li>3. It was established that not all skin assessments are accurate; some staff are not doing a full body skin assessment during skin checks and some staff are only documenting new</li> </ul>	PREFIX	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL	PREFIX	(	(EACH CORRECTIVE ACTION SHOULD E CROSS-REFERENCED TO THE APPROPR	BE	COMPLETION
Record Review:         Resident #2 was readmitted to the facility from         the hospital on 9/1/22. A 9/1/22 transition of care         note [discharge summary] from the hospital         reveals on pages 5-8 that Resident #2 had         multiple assessed wounds and dressings         including: a right heel wound described as red,         with a small open area and boggy with a foam         dressing; a left heel wound described as red and         boggy with a foam dressing; and a left planter         foot wound, described as black, brown, and open         to air. A 9/1/22 readmission nursing skin         assessment by the facility does not document the         above wounds noted in the 9/1/22 transition of         care.	F 726	and wound evaluation alert in the electronic On 1/10/23 at 3:25 Pl the skin integrity polic never seen it before. knows that a resident checks by what is due On 1/18/23 at 9:40 Al and the Market Presid failures to implement and procedures were having the enough tra procedures and staff competencies to imple 3. It was establishe assessments are acc doing a full body skin checks and some sta skin injuries on skin of Record Review: Resident #2 was read the hospital on 9/1/22 note [discharge summaries and pro- gree see see see see multiple assessed wo including: a right heel with a small open are dressing; a left heel w boggy with a foam dr foot wound, describer to air. A 9/1/22 readma above wounds noted	has when they pop up as an medical record. M, an LPN, when showed cy, s/he stated s/he had S/he revealed that s/he only a needs skin checks or foot e on the UDA or MAR/TAR. M, the Director of Nursing dent confirmed that the the skin and wound policies e due to a mix of staff not aining on the policies and not having the lement them. ed that not all skin curate; some staff are not assessment during skin aff are only documenting new checks. dmitted to the facility from 2. A 9/1/22 transition of care mary] from the hospital that Resident #2 had bunds and dressings I wound described as red, ae and boggy with a foam wound described as red and ressing; and a left planter d as black, brown, and open mission nursing skin acility does not document the	F 7	'26			

Facility ID: 475014

If continuation sheet Page 43 of 51

		ID HUMAN SERVICES MEDICAID SERVICES					PRINTED: 02/02 FORM APPR OMB NO: 0938	OVED
STATEMENT	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1		CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		475014	B. WING				C 01/19/202	2
NAME OF P	ROVIDER OR SUPPLIER			ST	REET ADDRESS, CITY, STATE, ZIP CODE		011131202	
	TON HEALTH & REHAB			30	0 PEARL STREET			
BUKLING				BI	URLINGTON, VT 05401			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF COF (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE / DEFICIENCY)	SHOULD BI		ETION
F 726	Continued From page	e 43	F	726				
	indicate that Resident ulcers to right and left admission. Resident a treatment and dressir wounds. Skin checks reveals that Resident injuries or wounds wh information in progres administration record administration record administration record Interview: On 1/9/22 at 10:48 Al s/he does not recall h assessments regulard a couple times. They to toe. I feel like I'd re skin head-to-toe." On 1/9/23 at 1:22 PM skin checks are a hea parts of the resident's On 1/9/23 at 4:03 PM Consultant stated tha staff to document any just wounds, whether confirmed that skin cl assessment of a resident On 1/10/23 at 9:50 Al will do weekly skin as on the TAR. S/He has	s and wound care notes t #8 had chronic venous t posterior legs since #8 has physician's orders for ng changes of these from 10/1/22 and 10/11/22 #8 does not have any skin nich contradicts the ss notes, the medication (MAR), and treatment (TAR). M, Resident #4 stated that aving full body skin y. "It might have happened look at my skin but not head member staff looking at my d, the DON confirmed that ad-to-toe assessment of all s body. d, the Regional Clinical t there is an expectation for y irregularities of the skin , not t they are new or not. S/He necks are a full body dent's skin. M, an LPN stated that s/he assessments if they come up						

Facility ID: 475014

If continuation sheet Page 44 of 51

	S FOR MEDICARE &		(2) 1411		ISTRUCTION		O. 0938-039
	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:					E SURVEY IPLETED
							С
		475014	B. WING			0,	/19/2023
AME OF P	ROVIDER OR SUPPLIER		_	STREE	TADDRESS, CITY, STATE, ZIP CODE		
				300 PE	EARL STREET		
URLING	FON HEALTH & REHAB			BURL	INGTON, VT 05401		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHOT CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
F 726	Continued From page	e 44	F	726			
		on skin assessment since		120			
		king at the facility a few					
		not aware of daily foot					
	checks for the two re	sidents with diabetes on the					
		t foot checks would pop up					
	on the TAR if they we	ere needed.					
	Por interview on 1/1(	0/23 at 10:55 AM, the Wound					
		d made management aware					
		issues with dressing					1
		s. S/He has encountered					
	situations where the	facility's assessment of a					
		ent with her/his own. S/He					
		mal educational sessions					
	with facility staff, but up the offer.	the facility has never taken					
	On 1/18/23 at 9:15 A	M, the Unit Manager stated					
		staff do not get enough					
		are hired and that some					
		t wounds on skin checks if					
E 025	the wound is not new	V.	с.	835			
F 835	Administration CFR(s): 483.70		F	035			
00-11	011(3). 400.70						
	§483.70 Administrati	on.					
	A facility must be ad	ministered in a manner that					
		esources effectively and					
	•	maintain the highest					
		mental, and psychosocial					
	well-being of each re						
	by:	T is not met as evidenced					
		and record review, the facility					
		d in a manner that enables it					
	to maintain the physi	ical well-being of each					
		ctions and decisions by the					
	facility's leadership to						

Facility ID: 475014

If continuation sheet Page 45 of 51

	DF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1		B NO. 0938-039 ) DATE SURVEY COMPLETED C
		475014	B. WING		01/19/2023
	ROVIDER OR SUPPLIER		3	TREET ADDRESS, CITY, STATE, ZIP CODE 00 PEARL STREET SURLINGTON, VT 05401	0111012023
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETIOI DATE
F 835	establish that 5 of 6 a provided effective ca health, prevent press non-pressure injury s promote healing. As were put at increase pressure ulcer and n impairments. Failure policy and profession contributed to Reside knee amputation due complication, Reside amputation due to a and Resident #6 hav injuries. Per interview on 1/4/ Administrator stated issues related to skin completed. S/he stat were addressed duri assurance & perform Per interview on 1/10 Nurse stated that the dressings not being she had made mana staff cannot answer of wound management situations where woo correct. S/He has do sessions with staff an	F684 and F686. practices at F684 and F686 sampled residents were not re to promote optimal skin sure injuries and skin impairments, and a result, these 5 residents d risk for developing on-pressure ulcer skin to provide care per facility nal standards of practice ent #1 receiving a below the e to a pressure ulcer nt #2 receiving a left toe diabetic ulcer complication, ing five unidentified pressure 23 at 3:15 PM, the that leadership was aware of a assessment not being ed that skin assessments ng the 11/11/22 QAPI (quality nance improvement) meeting. 0/23 at 11:55 AM, the Wound ere have been issues around changed at the facility and gement aware. Sometimes question about residents' , and s/he encounters and evaluations were not ne informal education nd has offered to do a formal for staff, but management	F 835	F 835 Specific Corrective Action An Adhoc QAA committee meeting was held with the Administrator, DON, Medical Director, Market (regional) Team Members and outside consultant to review the State Agency findings. This has continued weekly with completion a root cause analysis. Focused education and training with competencies has been completed. Education and training with competency was completed to the DON by the market (regional) team support her ability to participate with facility staff training. A full time designated RN who has been an effective DON has been assigned fix days a week to support the DON. Market and Administrative Consultant support are also assigned to support the Administrator. Method to Assess for Others In addition to the 100% head to toe skin evaluation of each resident,	of to ith /e

	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	12.5			SURVEY LETED
		475014	B. WING			19/2023
NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE		
BURLING	TON HEALTH & REHAB			300 PEARL STREET BURLINGTON, VT 05401		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LS C IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROF DEFICIENCY)	DBE	(X5) COMPLETIO DATE
	On 1/10/23 at 12:20 Market President corr of the issues with ski working on it since the November. When as done to ensure reside appropriate skin care meeting, the Adminis completed facility wite plans, and have done 1/6/23. When asked planned or if they we complaint investigation responded that the p On 1/19/23 the Marke Projects confirmed in was "not able to find improvement activities place for skin care." Facility Assessment CFR(s): 483.70(e)(1)	PM, the Administrator and firmed that they were aware in care and have been be QAPI meeting in ked what the facility has ents were receiving the since the November QAPI trator said that they de skin checks, updated care is staff education starting if these actions were re initiated because of the ons, the Administrator rocess took time. et President of Special an email that the facility significant evidence of es related to the QAPI plan in	F 835	<ul> <li>F835 cont.</li> <li>review of related systems (skir pressure injury, education and competency) has been completed.</li> <li>Systematic Process</li> <li>An ad hoc QAA was performed root cause analysis to complete systematic review with revisio indicated. To support the DO market resource nurse has been designated to work at the facilitation days a week side by side to surthe DONs ability to complete a manage.</li> <li>Two Unit Manager positions will be engaged at the center of support the A consulting team</li> </ul>	eted. d with a re a ns as N a en lity five pport and vere kin lead to	
	facility-wide assessm resources are necess competently during b and emergencies. Th update that assessm least annually. The fa update this assessm facility plans for, any substantial modificat	ssessment. duct and document a nent to determine what sary to care for its residents both day-to-day operations ne facility must review and tent, as necessary, and at acility must also review and ent whenever there is, or the change that would require a ion to any part of this cility assessment must		been deployed to the facility t support completion, adherend compliance along with market (regional) staff. New LNAs will oriented and annually educate Completing resident observati Usage of the resident care pla Care Program, Weekly Head to skin observation, Bi-weekly Sh Schedule, Adherence to the Ca	o ce and be ed on: ions: n, Skin o Toe nower	

FORM CMS-2567(02-99) Previous Versions Obsolete

Facility ID: 475014

If continuation sheet Page 47 of 51

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		IPLE CONSTRUCTION	COMF	SURVEY
		475014	B. WING			C 19/2023
ME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP		
				300 PEARL STREET		
JKLING	TON HEALTH & REHAB			BURLINGTON, VT 05401		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN C ( (EACH CORRECTIVE A) CROSS-REFERENCED TO DEFICIE	CTION SHOULD BE D THE APPROPRIATE	(X5) COMPLETIO DATE
F 838	including, but not limi (i) Both the number of resident capacity; (ii) The care required considering the types physical and cognitiv and other pertinent fat that population; (iii) The staff compete provide the level and resident population; (iv) The physical envise services, and other p that are necessary to (v) Any ethnic, cultur may potentially affect facility, including, but food and nutrition set §483.70(e)(2) The fat but not limited to, (i) All buildings and/o and vehicles; (ii) Equipment (medic (iii) Services provided pharmacy, and speci (iv) All personnel, inc	cility's resident population, ted to, f residents and the facility's by the resident population of diseases, conditions, e disabilities, overall acuity, acts that are present within encies that are necessary to types of care needed for the ronment, equipment, hysical plant considerations care for this population; and al, or religious factors that the care provided by the not limited to, activities and vices. cility's resources, including r other physical structures cal and non- medical); d, such as physical therapy, fic rehabilitation therapies; luding managers, staff (both e who provide services under	F 83	<ul> <li><sup>35</sup> and Identification/reobservations.</li> <li>New nurses will be observations.</li> <li>New nurses will be observations.</li> <li>New nurses will be observation.</li> <li>the resident care plate to toe check process, shower schedule, for care, adherence to the notification of change documentation.</li> <li>Competencies of eaction of change documentation.</li> <li>Competencies of eaction support staff comfort These have been com DON/designee by 02, Unit Managers/Designet and observe climedelivery to identify of support in addition to of the EHR for evider</li> </ul>	riented and n: Completing ions, usage of n, weekly head , bi-weekly ot/skin/wound ne care plan, e, th topic educated irm knowledge and training to t and adherence. npleted by the /28/23. gnee will round nical care pportunities for o daily auditing	
	related to resident ca (v) Contracts, memory or other agreements	andums of understanding, with third parties to provide ht to the facility during both		noncompliance in do evaluate. No less tha MDS Coordinator wil documentation durin	n quarterly the I review the	
	(vi) Health informatio	n technology resources, electronically managing		assessment reference evaluate compliance	e date to	

## DEPARTMENT OF HEALTH AND HUMAN SERVICES FORM APPROVED **CENTERS FOR MEDICARE & MEDICAID SERVICES** OMB NO, 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY IDENTIFICATION NUMBER: AND PLAN OF CORRECTION COMPLETED A. BUILDING C 475014 B. WING 01/19/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **300 PEARL STREET BURLINGTON HEALTH & REHAB** BURLINGTON, VT 05401 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION ID (X4) ID (X5) COMPLETION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG TAG DEFICIENCY) F835 cont... F 838 Continued From page 48 **Quality Assurance** patient records and electronically sharing information with other organizations. The Administrator is responsible for §483.70(e)(3) A facility-based and ensuring that all systems that have community-based risk assessment, utilizing an been identified as in need of revision, all-hazards approach. reinstatement, and or newly This REQUIREMENT is not met as evidenced by: implemented have been completed Based on record review and staff interview, the and that they are effectively in place. facility failed to address in their facility In addition to the Administrator, the assessment what staff trainings and competencies are necessary to provide the level market (regional) team will be on site and types of care needed for the population weekly to participate in evaluation identified in the facility assessment. and confirmation of compliance with Findings include: ongoing consultant evaluation for a period of 2 years. Both resident and Review of the facility's Facility Assessment Tool, last updated 7/27/22 states: family council meetings will also Part 3: Facility Resources Needed to Provide review to affirm any questions. Competent Support and Care for our Residents problems or concerns with care and indicated the following under staff training/education and competencies: services. The DON reports post "3.4 Describe the staff training/education and evaluation of 10 residents per month competencies that are necessary to provide the level and types of support and care needed for will also be included in this review your resident population. Include staff certification process to determine status of requirements as applicable. Potential data systems and outcomes. The facility sources include hiring, education, competency instruction, and testing policies." The response education program status will be refers to: "Attachment: reviewed monthly. This will be Education/In-services/Mandatories." completed with each area of The attachment titled 2022 Mandatory Annual education and training added to the Education Quarterly Crosswalk, lists mandatory monthly risk management/quality training topics by quarter and suggests resources for training. Footnotes indicate "Centers must improvement meeting. determine the amount and types of additional Tag F 835 POC accepted on 2/16/23 by training necessary based on a facility S. Stem/P. Cota

Facility ID: 475014

If continuation sheet Page 49 of 51

#### FORM APPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY **IDENTIFICATION NUMBER:** AND PLAN OF CORRECTION COMPLETED A. BUILDING C 475014 **B. WING** 01/19/2023 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 300 PEARL STREET **BURLINGTON HEALTH & REHAB BURLINGTON, VT 05401** SUMMARY STATEMENT OF DEFICIENCIES **PROVIDER'S PLAN OF CORRECTION** ID (X4) ID (X5) (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETION PREFIX DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) F 838 A facility wide assessment was completed on 03/03/23 F 838 Continued From page 49 02/14/2023 assessment." The attachment does not include All residents have the potential to be affected. an evaluation of the facility's training program or policies and procedures required to provide the The facility conducts and documents a facility care. wide assessment that determines the resources necessary to care for its residents On 1/18/23 at 11:50 AM, the Market President competently during both day to day operations confirmed that the attachment did not include or and during emergencies. Administrative staff address an evaluation of the facility's training will be re-educated to this process. program to ensure any training needs are met for all new and existing staff, individuals providing A weekly audit of the facility assessment will services under a contractual arrangement, and be completed to validat the need for review volunteers, consistent with their expected roles, and updating related to a change that would or an evaluation of what policies and procedures require modification of any part of the may be required in the provision of care and that assessment. Results of this audit will be these meet current professional standards of brought to the Monthly QAPI Committee for practice. further review and recommendations. F 843 **Transfer Agreement** Tag F 838 POC accepted on 2/16/23 by CFR(s): 483.70(j)(1)(2) SS=C F 843 S. Stem/P. Cota §483.70(j) Transfer agreement. The facility has in effect a current transfer 03/03/23 §483.70(j)(1) In accordance with section 1861(I) agreement with University of Vermont Medical of the Act, the facility (other than a nursing facility Center with updated signatures noted on which is located in a State on an Indian 01/17/23. reservation) must have in effect a written transfer agreement with one or more hospitals approved An audit was completed to validate that the for participation under the Medicare and Medicaid facility has written transfer agreements with at programs that reasonably assures that-(i) Residents will be transferred from the facility to least one local hospital. the hospital, and ensured of timely admission to the hospital when transfer is medically The facility completes a written transfer appropriate as determined by the attending agreement with one or more hospitals, who are physician or, in an emergency situation, by approved for participation under the Medicare another practitioner in accordance with facility and Medicaid programs. The NHA and DON policy and consistent with state law; and have been re-educated to this process. (ii) Medical and other information needed for care and treatment of residents and, when the The NHNDesignee will complete monthly audits transferring facility deems it appropriate, for of written transfer agreements to validate these determining whether such residents can receive agreements are current and in effect. The results of these audits will be brought to the Event ID: 2JV FORM CMS-2567(02-99) Previous Versions Obsolete 51 monthly QAPI Committee for further review and recommendations.

DEPARTMENT OF HEALTH AND HUMAN SERVICES

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			· · / - · ·	E SURVEY PLETED
		475014	B. WING			С
	ROVIDER OR SUPPLIER	475014		STREET ADDRESS, CITY, STATE, ZIP COD		/19/2023
NAME OF P	ROVIDER OR SUPPLIER			300 PEARL STREET	E	
BURLING	TON HEALTH & REHAB			BURLINGTON, VT 05401		
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	I SHOULD BE	(X5) COMPLETION DATE
F 843	restrictive setting that hospital, or reintegration be exchanged betwee but not limited to the §483.15(c)(2)(iii). §483.70(j)(2) The fact transfer agreement in attempted in good fact agreement with a ho facility to make trans This REQUIREMENT by: Based on staff intern facility failed to have agreement with one for participation under programs. Findings in Per review of facility extended survey on transfer agreement with	or receive services in a less in either the facility or the ted into the community will een the providers, including information required under cility is considered to have a in effect if the facility has ith to enter into an spital sufficiently close to the fer feasible. T is not met as evidenced view and record review, the in effect a written transfer or more hospitals approved er the Medicare and Medicaid nclude: documentation as part of the 1/18/23, there is no written with any hospital. This was ility Executive Director on	F 84	<sup>3</sup> Tag F 843 POC accepted S. Stem/P. Cota	on 2/16/23 by	

Facility ID: 475014

If continuation sheet Page 51 of 51

F 843       Continued From page 50       F 843         appropriate services or receive services in a less restrictive setting than either the facility or the hospital, or reintegrated into the community will be exchanged between the providers, including but not limited to the information required under §483.15(c)(2(iii)).         §483.70()(2)       The facility is considered to have a transfer agreement with a hospital sufficiently close to the facility to make transfer reasible. This REQUIREMENT is not met as evidenced by: Based on staff interview and record review, the facility failed to have in effect a written transfer agreement with one or more hospitals approved for participation under the Medicare and Medicad programs. Findings include:         Per review of facility documentation as part of the extended survey on 1/18/23, there is no written transfer agreement by the facility Executive Director on 1/18/23 at 11:41 AM.	appropriate services or receive services in a         less restrictive setting than either the facility         or the hospital, or reintegrated into the         community will be exchanged between the         providers, including but not limited to the         information required under §483. 15(c)(2(iii).         §483.70(j)(2) The facility is considered to         have a transfer agreement in effect if the         facility has attempted in good faith to enter         into an         agreement with a hospital sufficiently close to         the facility to make transfer feasible.         This REQUIREMENT is not met as         evidenced by:         Based on staff interview and record review, the         facility failed to have in effect a written transfer
	approved for participation under the Medicare and Medicaid programs. Findings include: Per review of facility documentation as part of the extended survey on 1/18/23, there is no written transfer agreement with any hospital. This was confirmed by the facility Executive

FORM CMS-2567(02-99) Previous Versions Obsolete Event ID: 2JVJ11 Facility ID: 475014 If continuation sheet Page 51 of 51